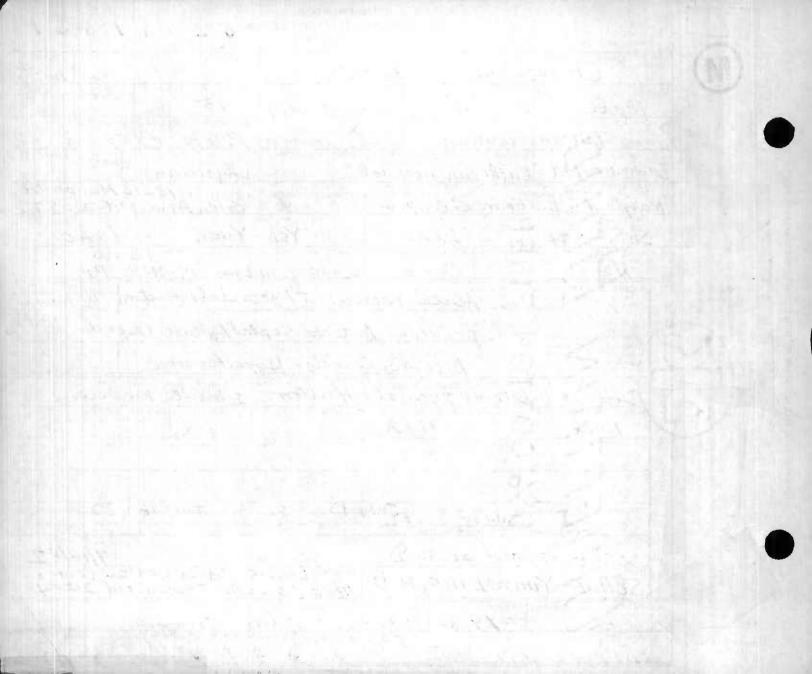
death o

			STATE OF MARYLAND		
1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 4	17837
7.00		WIDDLE	1467	REG. NO.	DAY YEAR 126 HOUR
	ECEASED NAME FIRST		1100	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Chian	2-Sue	LIAD	7.	-16-82 1:245 N
3. SE	X O	1 RACE Chinesel	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	Bright	Tamuary 15 1907	75	MONTHS DAYS HOURS MIN.
- D	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COL	RS.
	COUNTRY	76. CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	BALTIMORE CITTOR COC	ONTI OF BEATH
	aiwan	aiwan	WIDOWED DIVORCED	BHATO. C	-/7/
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
R	ablimore, Md	Luthovan Ho	Shital.	physician	INDUSTRY
USU	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION!		2101124558
13a.	STATE UL COU	13c CITY OR TO	WN 13d. INSIDE CITY LIMITS?		210 Manor Rd.
N	7	ltimore Glen	TYM YES NO DE		,Md.21057.
4 F.	ATHER'S NAME	MIDDLE & LAST	15 MOTHER'S MAIDEN N		
	Shin-Kuo	LiA	o Yeh	- Yuan	LIAO
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 1166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	13210
	(YES, NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)		1.0 004.0	3710
_	NO	NON.	E SCHUE-YUA	NLIAG MAN	OK KP
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), a	nd (c).)	110:6.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0) Acute	recurrent My	ocardiax mjare	tion 1/2 hour
	4100				100
		DUE TO, OR AS A CONSEQUE	ous Antero-Se	atal Murardias	Preparetion 10 de
	Conditions, if ony, which gove rise to immediate	(b) 1012116	ATTICLE OF	7,7,7	D
	cause (a), stating the	DUE TO, OR AS A CONSEOL	LENCE OF	do as	0 - 10 - 10 0
	underlying couse last.	(c) Arter	io Sclerosis, A	ypertension.	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
O	Diffuse B	lateral plei	valeffusion,	Diabetes,	mellitus
ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	IF YES, WERE FINDINGS USED
CERTIFICAT	1 A	14	A	INC	ERTIFYING CAUSES OF DEATH?
RTI	None	10	/ / 1	YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING	LIGHT A LA MONTELL C	DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18. PART 1 OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DE	AIN .	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
M	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK — AT WORK		Fo. 14 13 6:	1. 1.	7 85
	22a.l certify that (1) (this hesp	ital) attended the deceased from		10 July 1	6, 19 3, that (1) (we) las
	sow the deceased alive on above, (I) (wa) did I dad a	view the body ofter death.	82_, and that in (my) four) opinio	deoth occurred on the dote one	d hour and from the causes stated
	22b. SIGNATURE	0	DEGREE		22c. DATE SIGNED
	Xohue-1	uan Liao, m	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7/16/89
	228. PHYSICIAN'S NAME YEAR		PHYSICIAN 22e. ADDRESS RM		
	CAHIE-Y	ing in I iAP.	M.D	000	dical Center
	SCHUE	aun Line)	7600 050	er Dr. 70Wson	1. Md. 21204
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
1	(SPECIFY)	7-19-02 1	DULANKY VAX	LEV TIMANIL	LAM COUNTY
74 F	UNERAL DIRECTOR	1- 1000	CRIL EDMANISTO	ATE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	NAME	ADDRESS	3 011 -1011	1111 0 0 4084 7	1 1/2 9/2-1
1/1	IEBER FUN	ERAL HOME	OSON	July 20 1984 CA	cercas willow the

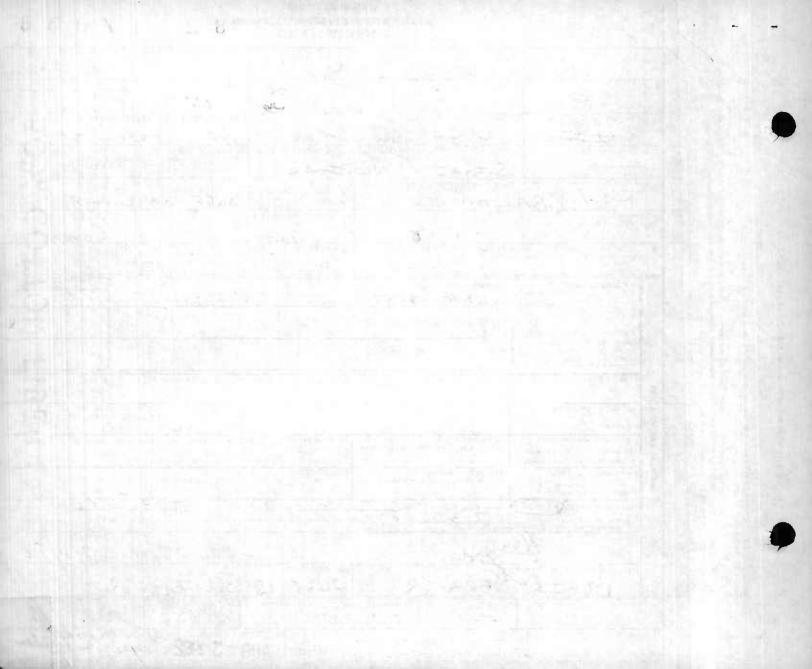
DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physicion.



21215

STATE OF MARYLAND



	STATE OF MARYLANI
FOR	DEPARTMENT OF HEALTH AND ME
RECHSTRAR	CERTIFICATE OF DEA

NTAL HYGIENE

		MESPIGITIPER							REG. NO	O		
		CEASED NAME	FIRST		AIDDLE		LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
3	1000	D	oroth	ly I		Lich	ntenbe	rg		7/15/	182	3:45pm
ľ). SEX	C	4	RACE			OF BIRTH		6. AGE JIN YEARS LAST BIR		UNDERTYEAR	IF UNDER 24 HRS
7	4	Female		Whit	e	12	DAY 02	02	79	YRS	DAYS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COU	NTRY? 8	- 0		9 BALTIMORE CITY O	R COUNTY C	FDEATH	
5		Marvland		U.S.	٨	WIDOW	D NEVER	VORCED	Baltimo:	no Cita		
	10 CI	TY OR TOWN OF DEA	ATH 1	1. NAME OF I	OSPITAL, N	JURSING HOME			12a USUAL OCCUPATIO			MD OF BUSINESS OR
1)	Dalatas		/	H FACILITY, GIVI		- 1		TT		INDUSTRY	
200	#SU/	Baltimore AL RESIDENCE LIF NURS	ING HOME OR O	THER INSTITUTION		S HOSPIT	aı		Housewife	2		•••
(STATE	181 COUNT		13c. CITY OF	RTOWN	134. INSIDE C		13e. STREET ADDRESS	_		
)		laryland	Balti	more			YES	NO X	4204 Ford	nam Roa	ad, 21	229
	TA FA	THER'S NAME	A	IDDLE	LA	51	15. MOTHER	S MAIDEN NA	WE		LAS	st .
(1	Walter		С.	Phe	lps	I	stelle			C1	ark
1		VAS DECEASED EVER		ED FORCES?	16b SOCIA	L SECURITY NO.	17 INFORMA	INT	ADDRE	SS		
5		No	111123011	WAR ON DAILS)	213-	60-3024	Ruth	Martin	4204 Ford	ham Roa	ad, 21	229
		18 CAUSE OF DEAT	H (Enter only	one cause per	line for (a),	(b), ond (c)						IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSED	BY:	Card		west					
		2500	MMEDIATE							11.00		
		200		DUE TO, O	RASACON	SEQUENCE OF	ichorles	Gan 1	it. Ventry	was		
		Conditions, if ony,		(b)_	CHF	WITH	great !	1101	MIN TOTAL	1.61	-	
		cause (a), statin	ig the	DUE TO, OI	AS A CON	SEQUENCE OF	am	Mythm	with Ventric	IC II NU	1	
		onderrying coose	lusi.	(c) D	iabet	is Mellix	us		- (· GOVONIC		
	7	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	a -
	CERTIFICATION											Carlo date
2	CA	190 DATE OF OPERA	TION	196 COND	TION FOR V	VHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		WERE FINDIN	
7	E								YES NO	YES		NO [
П	CER	21a. ACCIDENT WAS UNE		216. TIME O		H DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
1	A	OR CONTRIBUTING (H HOUR A.		n DAT TEAK						
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATIO	N				
	W	WHILE NOT WE	HLE	JAT HOME STR	EET, FACTORY, C	OFFICE, FARM, ETC.)	STREET		CITY OR TO	MN	COUNTY	STATE
		220.1 certify that (I)		1) -444-4		t		10		1.0		1
		saw the decease		n) offended fin	deceased		nd that in (my)	(qur) apunian	death occurred on the do			that (1) (we) last
		above, (1) (we) (c		view the body	ofter death.	-17		(dei) apinian	deam occurred on me de	ne and noor c		
		226 SIGNATURE	VV				DEGREE	ATTENDING	MEDICAL STAF	F	22c. DATE	SIGNED
			1.1	gman				PHYSICIAN [DIRECTOR PHYSIC		1/13	3/82
		22d. PHYSICIAN'S NA			mi		22e ADDRES	S			/	/
		Dr.	r. V	. Kana	U.I.A.		St.	Agnes	Hospital, 2	1229		
		BURIAL, CREMATION,	REMOVAL	236 DATE		23c. NAME OF			23d LOCATION			
		Buria1		07-19-	82	Lou	don Par	k	Baltimor	e City	Ma Ma	ryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTO Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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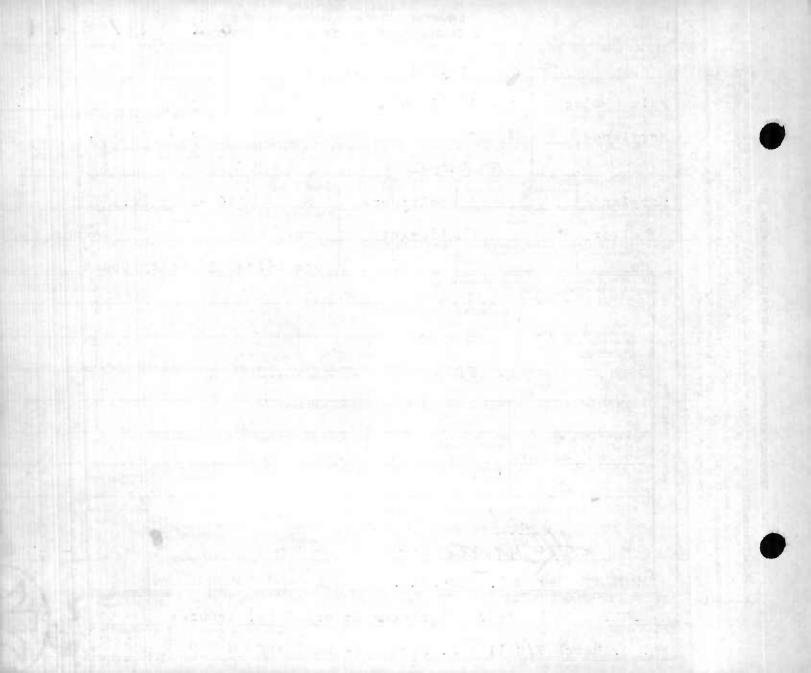
DHMH - ₹6 50M 1/BI (VRA 15, 4)

				STATE	OF MARYLAND						
-	1.	FOR STATE	DE		ALTH AND MENTAL HY	GIENE A	1	1 7	2	an	1
	- 3	REGISTRAR		CERTIFI	CATE OF DEATH		REG. NO.	8	Q	4 0	
		CEASED NAME FIRST	MIDDLE	LA	ST	2a. DATE OF D	DEATH MONT	H DAY	YÉAR	26 HOUR	-
	TITLE	RUTH	€.	LIE	SKE		7	27	82	145A	1
	1 SE	X	4 RACE	S. DATE O		6 AGE IN YEA	ARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HE	-
		FEMALE	CAUC	MONTH	23 98	8		YRS		HOURS MI	Z.
10	Th. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9. BALTIMORI	E CITY OR CO	UNTY OF I	DEATH		
0		MARYLAND	U5A	WIDOWEI	DIVORCED [ALTIMO	RE	CITY		ME
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	E STREET ADDRESS)			OR MOST OF WORL	KING LIFE) IN	ZE KIND OF	F BUSINESS (OR
1		ALTYMORE AL RESIDENCE (IF NURSING HOME	MERCY I	HOSPITH	_	HOME	MAKE	12			
3	138. 5	ARYTAND Harf	NIT	BADAN I	13d INSIDE CITY LIMITS?	13e. STREET AD	DDRESS 23	11 Cr	eswel	1 Road	1
	14. FA	ATHER'S NAME		110 20	IS MOTHER'S MAIDEN N	AME	-111	1102	1 41	-	-
21	2	ROBERT	MIDDIE ET	SNER	Frances	trE	JANE		HARI	UEU	
		WAS DECEASED EVER IN U.S. AF		L SECURITY NO.	17 INFORMANT	0.110.0	ADDRESS	4,71	1.176	J	
2		UNKNOWN	218-	-54-2477	PATIENT	CHAR	1		144		
		18 CAUSE OF DEATH Enter of	nly ane cause per line far (a),	(b), and ic .					BETWEEN	MATE INTERVAL INSET AND DEAT	Н
		PART I DEATH WAS CAUSE	TE CAUSE (a) CARD	10- PULH	IDNARY AR	REST	5.31		MINI	STES	
		1210	DUE TO, OR AS A CON	SEQUENCE OF	,	100		3			
1		Canditians, if any, which	(b) MULT	TIPLE !	DRGAN FAI	LURE		7	DAU	5	
7.0		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	0					,	
		underlying cause last.	(c)								
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN IN	V PART Ha		
	CERTIFICATION			RUM DE					ROJ. UP		
7	3CA	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20a AUTOP	SY? 20b.	IF YES, WE		OF DEATH?	
1	RTIF						NON	YES [NO 🗌	
0	0.00	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN ITE	M IB PART I	OR PART 2)		
1	ICAI	LIF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19							
4	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE FARM ETC)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
	7	MONTH NOT WHILE AT WORK									
		22a. I certify that this hasp				2 . to	7-27			har (I) (we) le	ost
		obover () (we) (did) (did no	at) view the body after death.		that in (my) (aur) apinia	n death accurred	an the date an				
		Th. SIGNATURE	1 <1	11	EGREE ATTENDING	MEDICAL	STAFF	,	22c. DATE S		
		Variet 7	1. Ochrago	rer MI	PHYSICIAN		PHYSICIAN	(7-2	77-82	•
1		22d. PHYSICIAN'S NAME ITYPE			22e ADDRESS	. 00					
L		LAUREN	A. SCHNAF	S S S	301 57	r. PAUL	- PLA	ie			
-111	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d. LOCAT	ION R TOWN	COL	UNTY	STATE	
		Burial	31 July 1982	St.Paul	s Lutheran	Abero	deen R.	D. На	rfor	n Mda	
	24. FL	JNERAL DIRECTOR	ADO	DRESS	25a. D	ATE REC'D. BY REC	11/1	ASISTRACE	June 1	two com	
	Тэ	rring Buneral			27007 -3300A1	16 3 19	982 1	0	10		

Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399AUG

ATTITION DESIGNATION OF THE OWNER OWNE Limited Little and Lit arances . C. Claust THE STATE CHARLES CHARLES Carried Canaral Lone, C. . . About any Carried State of the Contract

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Clarence Phillip Liggins 30 19 82 4 RACE 3. SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 H248 LAST BIRTHDAY PRONOUNCED ORM PM 3. RETAIN PAGE 5 FOR YOUR STAND 2 SHOULD BE FILED, WITHIN THE NO MINING THE STAND 2 SHOULD BE FILED, WITHIN THE NO MINING THE STAND SHOULD BE FILED. 30 1982 DEAD Black 8 31 41 Male 40 YRS a. M BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City, Maryland USA WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore 450 Watty Court USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY Maryland Baltimore YES Y NO [450 Wattv 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, MIDDLE MIDDLE FIRST LAST Liggins Walter Mary Adams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS DIVISION Rosa Giles 450 Watty Court APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENTAL HYGIENE, D
IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? XXON YES _ E, WRITING THE WOR RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT C TO BU 710. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE & SHOUND BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P STREET STATE STREET, FACTORY, FARM ETC.) COUNTY CITY OF TOWN WHILE NOT WHILE InspectionXX 220. I certify that I taak charge of the remains described above, held on Autapsy and in my opinian Undetermined monner TITLE (SPECIFY) 7-30-82 ACTUAL Assistant DATE III Penn Street EXAMINER'S NAME Hormez R. Guard, M.D. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 8-4-82 Arbutus Memorial Pk Md. Arbutus 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATA **DHMH - 17** Wm. C. March F/H 1101 E. North Avenue (VR A15 ME (5)) 20M 4/B2



12	It	ems 13a-e per	phone 8/11/82 dag	TATE OF MARYLAND			
X	1 -	FOR STATE		OF HEALTH AND MENTAL HY	GIENE 8 2	178	4 2
	057	REGISTRAR	MIDDLE	ATTIFICATE OF DEATH	REG. NO.		
n=	(TYPE	CEASED NAME FIRST	MIDDLE	LAS	20. DATE OF DEATH MONTH	DAY YEAR 2	10:45
000		GRORGE	N	NOSe4	7-23-		. M
	3 SEX		RACE	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
RA)	2 04	IYA	<u></u>	9 24 96		RS.	
33	CC	RTHPLACE (STATE OR FOREIGN 7)	2.	RRIED NEVER MARRIED	BOA!	Y:+4	MD.
2//		TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO	5)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		BUSINESS OR
ag .	ISUA	I RESTRENTE LIENURSING HOW OF C	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS Y 136. CITY, OR TOWN	6 07 Ilua	None		110011
97:	13a S	13 - POPIGA-	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	136 STREET ADDRESS	1. SE.	P.C.
Xemine	1.FA		DDLE LAST	IS MOTHER'S MAIDEN NA	Tohnson	LAST	
8 1	60 M	(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V		20 700 100 1	eice Lintsey-		
Z dico	(Y	ES, NO OR UNKNOWN) (IF YES, GIVE V	57834004		SOM M	7.30 Ash	but &
a P			ane cause per line far (a., (b), and (c).)	A SUITAGO TIO	7	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
vent, 1		PART I. DEATH WAS CAUSED IMMEDIATE	BY: () - (a Commande	Onreal	BETWEEN ON:	SET AND DEATH
tic e		4275 IMMEDIATE		ALL LONG	Cora Co		
troumo		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	Albork!	×		
rtro		gove rise to immediate couse (a), stating the	(6)	NING(C)			
other		underlying cause lost.	DUE TO, OR AS A CONSEQUENCE	OF .		1334	
ō		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)	
injury	ON	A.					
Auo	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDING	S USED
Sm.	TIFIC				YES NOW	ERTIFYING CAUSES OF	P DEATH?
8 sho	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITE		
- (1	-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY Y	EAR 19			
10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION			
	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	C.) STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this haspita	il) attended the deceased from	7-20 19 87	L to 7-2	19.82., the	at (I) (we) last
51 17		saw the deceased alive an_	19	and that in (my) (our) apinion	death accurred an the date on		
		obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the body ofter death.	DEGREE		27c DAJE SK	SNED .
ANT: If Item		We	nto, M.D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	x 7/23	182
TA I		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS	11	000	MA
MPORTANT		A. V	eNUO	Lulh	eran Hosp	real of	-170
≤		URIAL, CREMATION REMOVAL	33h DATE 33c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		urial // /	JUIA/28, 1982/	Lincoln Mem	orial Cemete	ry Suit	and, Md
/76	24 FL	NERAL DIRECTO	1. Demart	25a. DA	TE REC'D. BY REGISTRAR 751.	BISTRARS STATE	C Seet
	St	ewart Funeral	Home-4001 Benr	ing Road, NE	UL 3 0 1982		

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1	FOR - STATE REGISTRAR	DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2		7 8	4 3
(TY	ECEASED NAME FIRST PE OR PRINT) HARR	+	41	TCHFIELD,	2a DATE OF DEATH	7 Z	82	10:56 PM
Ma Ma	ale	White	5 DATE (6. AGE IN YEARS LAST BIR	THDAY) IF C	THS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) aryland	CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWI		9. BALTIMORE CITY O Baltimore		DEATH	MD
1	BALTIMORE	. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore City	Hospi	ital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O FOREMAN)		INDUSTRY	or Business or
13a Ma	JAL RESIDENCE (IF NURSING HONE OR OT STATE TO BE COUNTY aryland Balti	13c CITY OR TOW		134 INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 53 Avalon	Avenue		
1	ATHER'S NAME FIRST MIE Charles	Litchfi	eld	15. MOTHER'S MAIDEN NAM FIRST Margaret	AE MIDD <u>L</u> E		(AS	J
	WAS DECEASED EVER IN U.S. ARME YYES, NO OR UNKNOWN) (IF YES, GIVE W			Harry Litchf	ADDRE	SS 53 Av Balto		Avenue 21222
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) HY DUE TO, OR AS A CONSEQUE (b) HY	NCE OF	PULMONARY LA TATIC ADEN				unaté interval Qinset and déath
NON	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO E	OMB	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN	IN PART 10	2
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	206. IF YES, W IN CERTIFYIN YES		
MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216 PLACE OF INJURY	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
ME	E NO! WHILE AT WORK 220.1 certify that (1) (this haspital	(AT HOME, STREET, FACTORY, OFFICE, F.		STREET 19	CITY OR 10V	NN .	COUNTY	STATE
	sow the deceased glive on_			nd that is (my) (our) opinion d	eoth occurred on the do	te and hour an	d fram the	that (I) (we) lost causes stated

DOMBROWSKI 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

23d LOCATION Baltimore Cemetery | Baltimore COUNTY

Burial 7/6/82 B
14 FUNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue, Dundalk, MD

MEDICAL DIRECTOR

Maryland

22c. DATE SIGNED

DHMH-16 50M 1/81 (VRA 15, 4)

DACTUAGE CONTRACTOR OF THE PART OF THE PAR AND AS EMPRESON AND STREET OF A STANKE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

GIM Beth Allender 39/1 Ernelyn file HEARTH DAILY CATALON DAILY TO A THE TOTAL THE SHEETS HE WE COME LETTER, Name WAS NOWN The first and the contract of the court of t to a larger street, altered for the larger offe

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•	STATE	OF	MARY	LA

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	- 1	1	0	Carl

REGISTRAR		CERTIFICATE OF DI	EATH	REG. NO.		
PECEASED NAME FIRST PEOR PRINT) ELLEN	C. LI	TTLE		JULY 26, 198		26 HOUR 4:56A
£X X3	4 RACE	5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Black	3 DAY	19	6.3 YRS.	MONTHS DAYS	HOURS MIN
EMTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M		9. BALTIMORE CITY OR COUNT	Y OF DEATH	
Md.	USA		ORCED T	BALTIMORE CI	TY	M

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE HOPKINS HOSPITAI

Baltimore 30. STATE 136 COUNTY 13d INSIDE CITY LIMITS? Md.

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS 631 Dunbarton MIDDLE

Avenue

14 FATHER'S NAME

CITY OR TOWN OF DEATH

FOR

DECE TYPE OR 1 SEX

a- B埃尔 COU

> MIDDLE Daniel

LAST Thomas 16h SOCIAL SECURITY NO

Virginia 17 INFORMAN'

ADDRESS

(TYPE OF WORK FOR MOST OF WORKING LIFE

Hugan

126 KIND OF BUSINESS OR

160 WAS DECEASED EVER IN U.S. ARMED FORCES? No

UNKNOWN

Shirley A. Kane

631 Dunbarton Ave.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

HOUR

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE gove rise to immediate couse (o), stoting

A CONSEQUENCE OF

underlying couse

DUE TO, OR AS A CONSEQUENCE OF

SCULAK

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		M. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR PART 2)

NOT WHILE

18 CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c)

220.1 certify that (1) (this haspital) attended the deceased from. 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL PHYSICIAN

22c. DATE SIGNED DIRECTOR PHYSICIAN

22e ADDRESS JOHNS

(our) opinion death occurred on the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

23c. NAME OF CEMETERY OR CREMATORY Halls United Meth.

Edgemere

Md .

24 FUNERAL DIRECTOR

250. DAJE-REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE March F/H 1101 E. North Avenue

7-30-82

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoch

IMPORTANT.

FUNERAL

- I C A THE L C PROPERTY OF THE PARTY OF THE Part of the second of the seco the the contract and all the strong to the strong

	L	FOR - STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG	i. NO.	7 8	4 6
£		ECEASED NAME FIRST	Mae		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
-	_	Dorothy	M	Lloyd		JUL	-	, 1982	- 3:40A
\$7/4	3. SE		4 RACE	_ MONT	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
IVIII]	_	Female	White	Dec	15,1944	37	YRS		
-35		COUNTRY) alisbury, Md.	U.S.A.	MARRIE WIDOW	DE NEVER MARRIED	9. BALTIMORE CIT		Y OF DEATH	
P		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	Baltin 12a USUAL OCCUP	ATION		OF BUSINESS OR
33		altimore	Johns Ho	pkins Ho	spital	Housewi	fe	HOM	
was be	130.	AL RESIDENCE IF NURSING HOME STATE IN GOU	NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS?	130. STREET ADDRE			
10×371	1	ather's NAME FIRST ichard	McDe McDe	owell	Pearl	AME	E	Dav	is
dicol		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	AD	DRESSOX		
E .	M		216-	-48-7462	Samuel Llo	yd, Sudl	ersvi.	lle,Md	.21668
al, cremotian, or remo or other traumatic ever		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	TE CAUSE (o) CAK DUE TO, OR AS A CO (b) SEP DUE TO, OR AS A CO (c)	ONSEQUENCE OF				On	
o bur	z	PART 2 OTHER SIGNIFICANT			NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	a'
ui kuo swot	CERTIFICATION	ACUTE LYMPHO	196 CONDITION FO		N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI	NGS USED S OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18. I	PART I OR PART 2)	
rked or 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		211. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
with the Stote Dept. of Health		27a. I certify that (I) this hosp saw the deceased alive an obove (II) we) (did) (did no 27b. SANATUR. 27d. PHYSICIAN'S NAME TYPE (JULY 10 1) view the body ofter deo	19 <u>82</u> , o	nd that in (our) opinion	deoth occurred on the		19 82 , or and Irom the 22c. DATE	
APOR APOR		DR, DONNA PI	RZEPIORKA		600 N. WOLI	E, BALTIN	nort,	10,21	205
3 3	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23c NAME OF C	EMETERY OR CREMATORY SVIlle Cem.	23d. LOCATION			Md.
OM 1/81		UNERAL DIRECTOR		27	657 25e. DA	TE REC'D. BY REGISTR	AR 256. REGIST	RAR'S SIGNAT	
5, 4)	E	ward Fellows	&Son. Mi	Dington	Ma. IIII	0.0.1000	01	0 0	1 -1

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	+					E OF MARYLAND					
5	1.	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEA		IENE 8 2	10.	7 8	4 /
		CEASED NAME FIRS	T -	WIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		sabell (SA	belle)		20	ckeit	-12-02		7-	12-82	230 "
1	3. SE		4 RACE		5. DATE O			6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF ONDER JAHRS
1		FEMALE	BLA	CK	10	14	1 9	62	YRS.	MONTHS DAYS	HOURS MIN.
W_		IRTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MAR	DIED []	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
# /	D	N.C.	U	JSA	WIDOWE		RCED	6	8:14		MD.
8 11	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITU		120 USUAL OCCUPA	TION		BUSINESS OR
116	1	altimore		chfacility, give street neran Ho		al		(TYPE OF WORK FOR MOST	OF WORKING LI	E) INDUSTRY	
35	13a. : MI		OME OR OTHER INSTITUTION COUNTY	13. CITY OR TOW Baltim	N	13d. INSIDE CITY YES NO	LIMITS?	13e STREET ADDRESS 2510 LC		South	vay
ine	14. F/	ATHER'S NAME	AND I			15 MOTHER'S MA					
(50)	D	Robert	MIDDLE	Mille	r	First	nnie	WIDOLE	Ma	abrey	
100		WAS DECEASED EVER IN U.		166 SOCIAL SECU		17. INFORMANT		ADDF		LOT OF	
medi	(NO (IF Y	ES, GIVE WAR OR DATES)	098-20-	0470	Willia	m E.	Lockett	2510	Loyola	Southw
ed or them 18 shows any injury, or other traumatic event, the	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immedia couse [0], stating the underlying couse loss part 2 OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMINED COURTED)	th (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ITION FOR WHICH OF INJURY M. MONTH DA M.	NCE OF DEATH BUT OPERATIO LY YEAR 19	n was performi	THE TERMI	200 AUTOPSY? YES NOW ED (ENTER NATURE OF IN)	206. IF YES IN CERTIFY YE	S, WERE FINDING CAUSES (GS USED
l is marked		22a I certify that (I) (this sow the deceased ali	hospital) attended the	ne deceased from	6	12-9 , 1	9 8 7 r) opinion o		date and how		not (I) (we) lost
APORTANT: If Item 21		oboy (I) (Ne) (did) (d 226. SIGNATURE) 22d. PHYSICIAN'S NAME (The hele	un-		DEGREE	NDING SICIAN	MEDICAL STA DIRECTOR PHYSI	AFF _	T/2	

Family Plot

OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. retained by the haspital or BP. DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING PHYSICIAN. The low

Wm. C. March F/H 1101 E. North Ave.

7/26/82

236 DATE

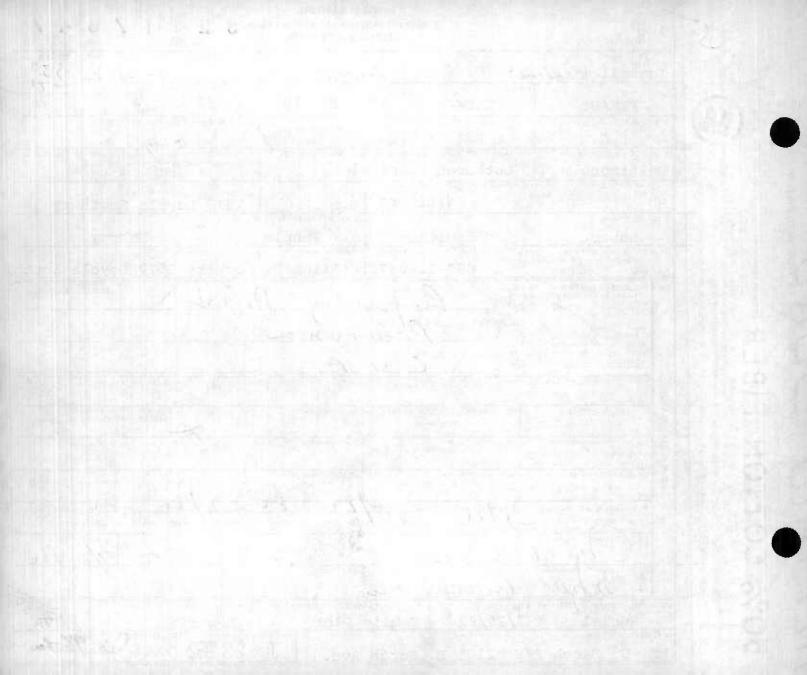
230. BURIAL, CREMATION REMOVAL Burial

Emporia 250. DATE REC'D. BY REGISTRANZSI, REGISTRANZSI, DATE REC'D. BY REGISTRANZSI, REGISTRANZI, REGIS

COUNTY

STATE

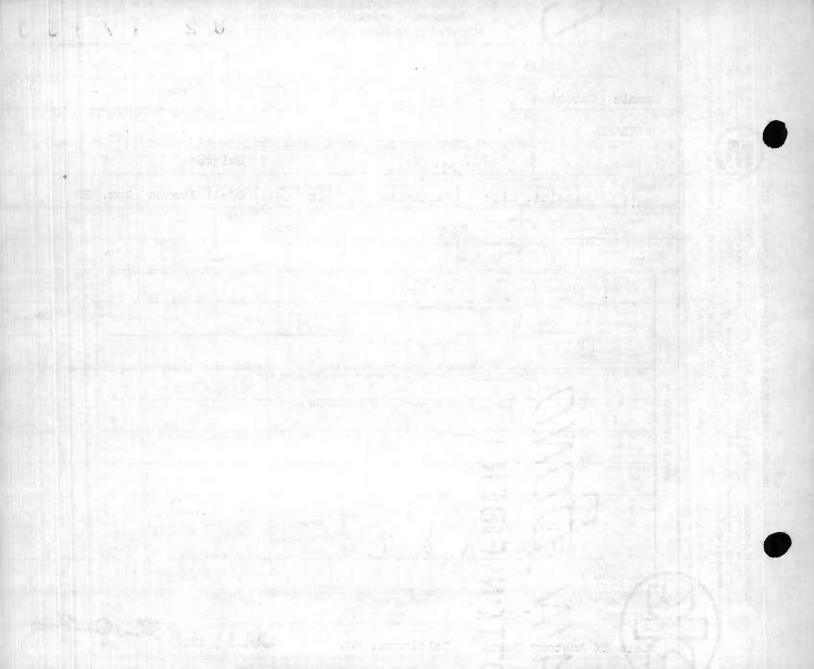
23d. LOCATION CITY OR TOWN



Page 125 All Land Land THE PERSON AND THE PE The state of the s

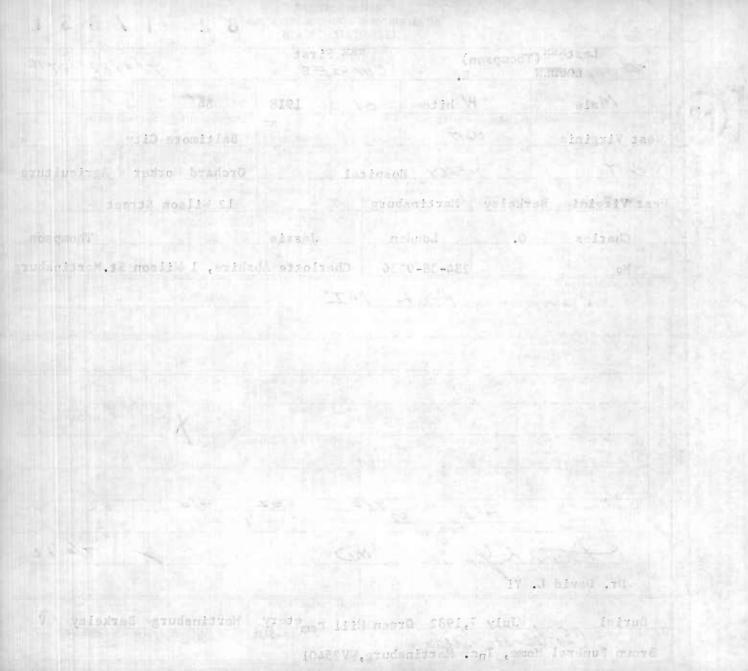
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STATE OF MARYLAND



STATE OF MARYLAND

FOR



6	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8	REG. NO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	8	5	2
		OR PRINT)	FIR51	C.	MIDDLE		ST	20 DATE OF	DEATH A	HIMON	DAY	YEAR	2b. HC	
	1. SE)	C	LAWRE	A. RACE	eorge	LUD:		6 AGE (INYE	ARS LAST BIRTI	7 HDAYI	22 I IF UNDE	82 ERIYEAR	-	30 AM
14	Ma	ale		Caucas		Feb	.6,1900 YEAR	82		YRS	MONTHS	DAYS	HOURS	
35	Baltimore, Md. 10 CITY OR TOWN OF DEATH CITY			76 CITIZEN OF	what country? $m{1}$	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	BALTIMORE CITY BALTIMORE CITY						
44				THE UN	TON MEMOR	ADDRESS) H	ROTHER INSTITUTION OSPITAL	120 USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING LIFE) Lay-out Man Bethlehem						tee.
35		AL RESIDENCE IFF	13b. COUN	OTHER INSTITUTION	136. CITY OR TOW Baltin	/N 1	134 INSIDE CITY LIMITS?	13. STREET A	DDRESS Lyn		Ltim ∈ Av			D. 213
90	955	ther's name ohn Lud:		MIDOLE	LAST		Regina (1	^{ame} un kn owr	,			LAS		
1		VAS DECEASED EV (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	213-07		17 INFORMANT 5 Mrs. Car	oline I	ADDRES		ame	as	ab	ove
		18 CAUSE OF DEATH LEnter only one couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac A (rest Due to, or as a consequence of conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. Due to, or as a consequence of conditions couse lost. Due to, or as a consequence of conditions couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART IN												
20	CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	OF INJURY	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO								
7	MEDICAL		EDICAL EXAMINER	21e PLACE	M. OF INJURY	Λ. 19							STATE	
1		270. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 7/22, how the deceased alive on 7/22, ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not; view the body after death. 270. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE												toted
	230 B	Rober URIAL, CREMATIO PECIFYI Urial		236 DATE 7/24/	231		201 E UNI METERY OR CREMATORY el Luthera	versity n Bal			Man	yla	nd	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Schimunek Funeral Home 3331 Brehms Lane, Balto, Md21213

St. St. Co. Stock of the party letter. thinks of early a loss of

STATE OF MARYLAND

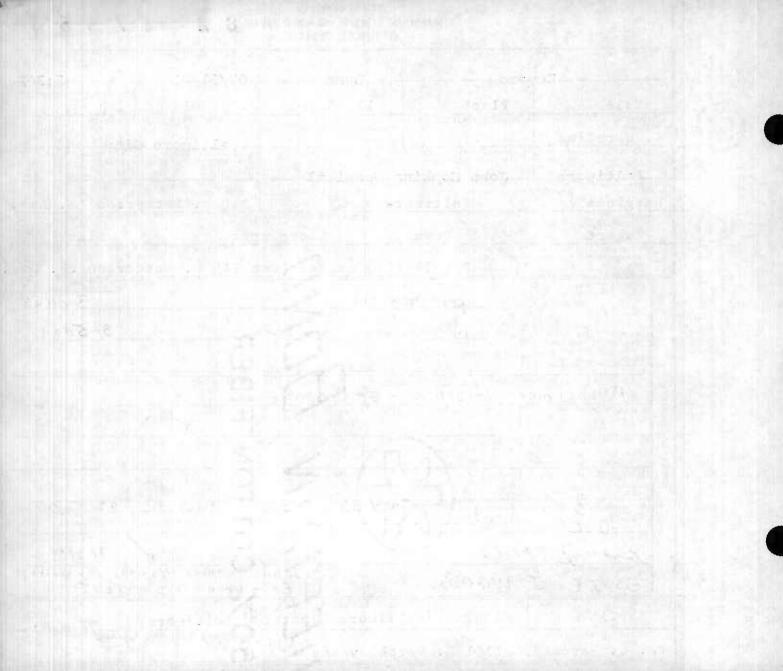
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

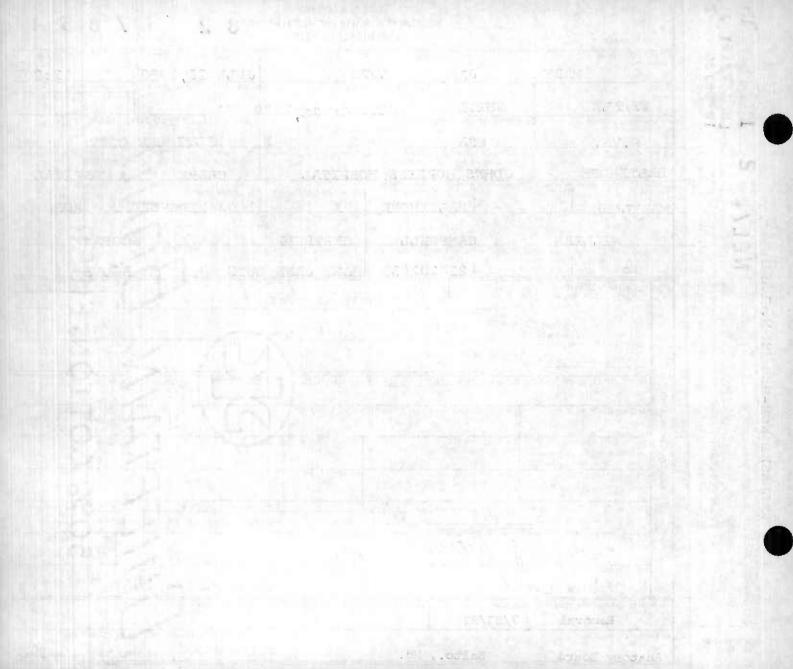
FOR

REGISTRAR

- STATE



	11.	FOR STATE REGISTRAR			DEPART	STATE OF MA MENT OF HEALTH A CERTIFICATE	AND MENTAL HY	GIENE 8	2 1	7 8	5 4	
0 30		CEASED NAME	FIRST	MIE	DDLE	LAST		20. DATE OF	REG. NO.	DAY YEAR	2b HOUR	
10.340	(TYPE	OR PRINT)	ARY	,T	ANE	LUTZ		TIIT.V	23,1982		12:20 ^P	
(1) 新五	3 SE			RACE	TIME	5. DATE OF BIRTH			EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	
Sing		FEMALE	100	WHIT	E	OCTOBER	R 2'8 192	61	YRS	MONTHS DAYS	HOURS MIN.	
		RTHPLACE (STATE OR F	FOREIGN 7	CITIZEN OF W	HAT COUNTRY?	8	VER MARRIED		RE CITY OR COUN	ITY OF DEATH	1 1000	
1 11 1	1	W.VA.		UŜ		WIDOWED	DIVORCED X		ALTIMORE	CITY	MD.	
hu D-)10 C	ITY OR TOWN OF DEA	ATH 1		DSPITAL, NURSIN FACILITY, GIVE STREET	ADORESS)	RINSTITUTION		OCCUPATION FOR MOST OF WORKING		OF BUSINESS OR	
201		LTIMORE	410 110115 00 0	JOHNS	HOPKI	NS HOSPI	TAL	CI	ERK	HOS	PITAL	
10 21 4 how 1d be week in	130.	AL RESIDENCE (IF NURS STATE	13b. COUNT		3c. CITY OR TOW		IDE CITY LIMITS?	13e STREET	ADDRESS			
Should be should	MA	RYTAND ATHER'S NAME			BALTIM		HER'S MAIDEN NA	13804	RIDGECR	OFT	ROAD	
ART MATERIAL STATES		FIRST	M	IDDLE	LAST	13 MOI	FIRST	AVVIL	MIDDLE	t.	AST	
Z J L L S T S	JAn V	WTT.T.T VAS DECEASED EVER			AMPBEL.		RTRUDE	- 1144	ADDRESS	MCGRAW		
PRESTON ST., BALTIMORE, MARYLAND 2120 OR H. GUARD The death certificate be executed within 24 hours the ottending physican and completely filled in the smove corbon papers. Pages 1 and 2 should be fill mation, or removol. Troumdtic event, the medical examiner mustbe and the complete of the matical examiner mustbe and the medical examiner must be a second to the second to the medical examiner must be a second to the seco		YES, NO OR UNKNOWN)		WAR OR DATES)					, in the least			
ARD ARD Con or c			11.5		234202		Y JANE	LUTZ		ABOVE	XIMATE INTERVAL ONSET AND DEATH	
SUA fificate physical poper novof,		PART I. DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardio pumming Acr 5 f								BETWEEN	NONSET AND DEATH	
Centring properties		1090 IMMEDIATE CAUSE (I)										
STO		Conditions, if pry, which () METUNIA PER PINUL (Avanua /year										
DR he de de movement in tro	177	gove rise to immediate										
_ H= += = =		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF										
of by		underlying couse	lost.	1						39 5 3 7		
MED quires that quires that signed by hen please o burial, critical pury, or athere ivey, or athere ivey, or athere is a period of the please	Z	PART 2. OTHER SIGN		(c)	TRIBUTING TO		ATED TO THE TERM	AINAL DISEASI	OR CONDITION C	GIVEN IN PART 1	(0)	
ON – MED ON – MED Iow requires that s been signed by rmit. Then please s prior to burial, cr s ony injury, or oth	ICATION		NIFICANT CO	(c) ONDITIONS <u>CON</u>				AINAL DISEASI	PPSY? 20b. IF Y	GIVEN IN PART I	INGS USED	
AL RECORDS, 201 W NON—MED The low requires that clan. I permit. Then please signed by a prior to burial, cr that hows ony injury, or other than some signed by the signer prior to burial, cr than some signer prior to the signer principal to the signer prior to the signer prior to the signer prio	RTIFICATION	PART 2. OTHER SIGN	NIFICANT CO	(c) DIDITIONS <u>CON</u>	on for which	DEATH BUT NOT REL	ERFORMED	200 AUTO	PSY? 20b. IF Y IN CER	YES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH? NO	
OF VITAL RECORDS, 201 W IED NON-MED CIAN: The low requires that a physicion. physicion been signed by ol-Yronst permit. Then please mal Hygiene prior to burial, cr em 18 shows ony injury, or oth	AL CERTIFICATION	PART 2. OTHER SIGN 190. DATE OF OPERA. 210. ACCIDENT WAS UNCORCONTRIBUTING (TION DERLYING CAUSE OF DEATH	ONDITIONS CON 19b. CONDITI	ON FOR WHICH INJURY . MONTH D	OPERATION WAS P	ERFORMED	200 AUTO	PPSY? 20b. IF Y	YES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH? NO	
ON OF VITAL RECORDS, 201 W ASED NON-MED HYSICIAN: The low requires that diding physicion. Inscernificate has been signed by burial-troats permit. Then please I Mental Hygiene prior to burial, co		PART 2. OTHER SIGN	NIFICANT CO	19b. CONDITIONS CON 19b. CONDITIONS CON 19b. TIME OF HOUR A.M. P.M. 21b. PLACE OF	ON FOR WHICH	OPERATION WAS P AY YEAR 19 211. LOI	ERFORMED OW INJURY OCCUR	200 AUTO	PSY? 20b. IF Y IN CER	YES, WERE FIND TIFYING CAUSE YES [] 8 PART 1 OR PART?)	INGS USED S OF DEATH? NO []	
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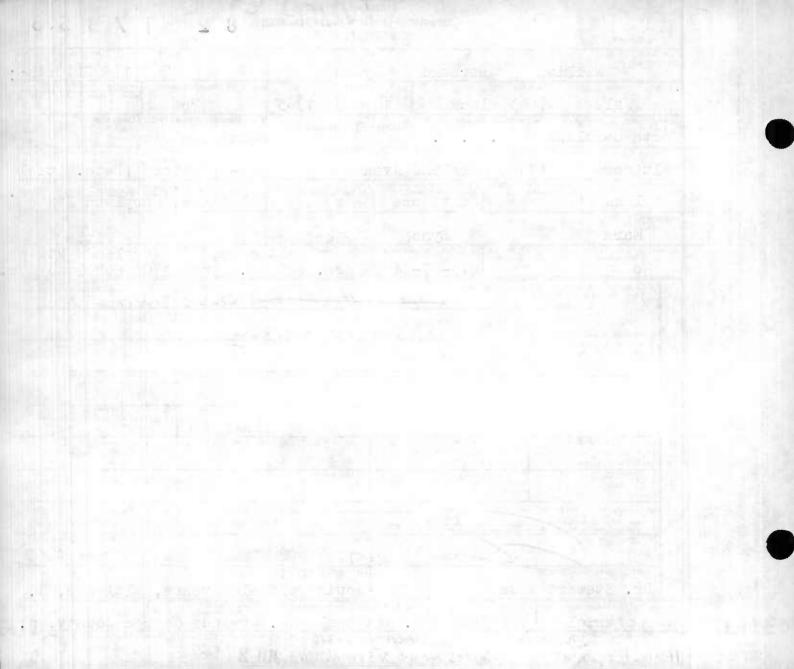


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TOR: Afronse of Health		sow the deceased alive or obove, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter deoth.	DEGREE			22c. DATE S	
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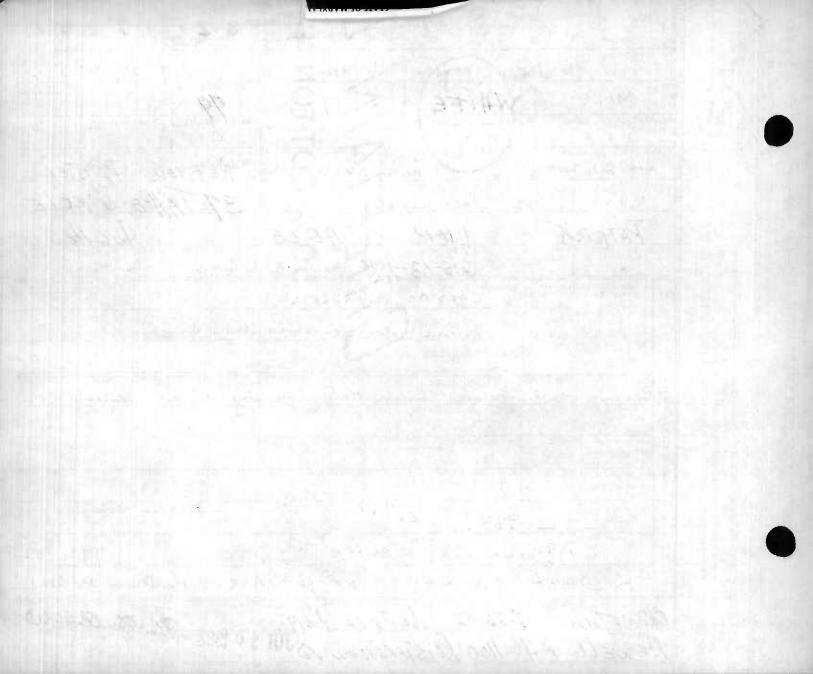
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UTTER FUNERAL HOME 3035W. NORTHAN

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Arthur 19 82 yons 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR DATE PRONOUNCED DEAD 17 19 82 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH 3. RETAIN PAGE 5 FOR SHOULD BE FILED, WITH MARRIED NEVER MARRIED FOREIGN COUN Baltimore City WIDOWED DIVORCED AGE, W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12) KIND OF BUSINESS FOR MOST OF YORKING LIFE) Baltimore Carey 1560 N. Street T. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIGE CITY LIMITS? 15. MOTHER'S MAJDEN NAME ANDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** WITH FOR (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL. NSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary embolism IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOY PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BE BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 716 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 71e PLACE OF INJURY 71f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22e I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian Inquiry death resulted from Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7/18/82 SIGNATURE Hormez R. Guard, 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT ADDRESS 74 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

57.438

REGISTRAR I. DECEASED NAME FIRST 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) LOUISE MACHULCZ JULY 31,1982 11:40A. 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 10-24 1907 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY . S. A MARYLAND ALTIMORE WIDOWED DIVORCED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY DALTO HURCH HOWEWAKER TOME BOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b COUNTY 13r. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? YES X BALTO NO [LAKEWGOD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST 055 KIUPP AU MAHOU 160 WAS DECEASED EVER IN U.S. 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Wm. A. Machiel boowastate, N 814 -APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIAC ARREST 2 HOURS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 **IFICATION** FAILURE, DIABETES MELLITUS 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 23.18 1982 CATARACT, LEFT EYE NOX NO M CERT 71n. ACCIDENT WAS UNDERLYING 7 IN TIME OF INJURY 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN STATE NOT WHILE WHILE 220 I certify that (lights hospital offended the deceased from 19 82 sow the deceased give on 1111 Y 31 ____, and that in (my) (a) opinion death occurred on the date and hour and Irom the causes stated 275. SIGNATUR DEGREE 22C DAVE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27+ ADDRESS CHURCH HOSPITAL CORPORATION, 100 N. PAUL GORMLEY, MD. BROADWAY, BALTIMORE, MARYLAND

231. NAME OF CEMETERY OR CREMATORY

MORELAND MEMORIAL

23d LOCATION

BALTO

DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

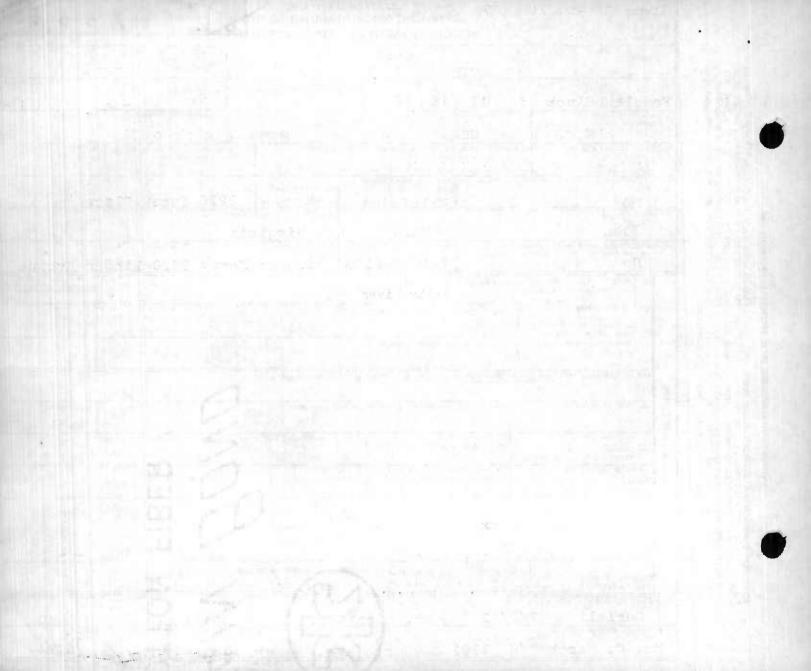
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I. DECEASED NAME	FIRST	MIDDLE	i.	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
TITAL CHILDREN	Eva	В.	MAXXXX	Macis	July 2, 1982		28
1.5EX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
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ID CITY OR TOWN OF D		ME OF HOSPITAL, NI	URSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND	OF BUSINESS OR
Baltimore C	ity 211	of in such facility, give	y Ave		Housewife	ING LIFE) INDUSTRY	1
LISUAL RESIDENCE HE NU						1 2 2 5	
Maryland	13b COUNTY	Balti:		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2116 Kentuck	u Ave.	
14 FATHER'S NAME	1	I Z		15 MOTHER'S MAIDEN NA	ME		
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16a WAS DECEASED EVE			SECURITY NO.	17 INFORMANT	ADDRESS		
NO OR UNKNOWN)	(IF YES, GIVE WAR OR I	215-0.	1-8622	Thelma Jowas	is 2116 Ken Ke	entucku .	Ave.
IN CAUSE OF DEA	TH Enter only one co	use per line for (a) th	ni andici i				XIMATE INTERVAL NONSET AND DEATH
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OR CONTRIBUTION	CAUSE OF DEATH HO	OUR A.M. MONTH	DAY YEAR				
(IF EITHER NOTIFY ME	DICAL EXAMINER)	P.M.	19				
21d INJURY OCCU	RRED 21e	PLACE OF INJURY		211 LOCATION			
21d INJURY OCCU	(AT)	OME STREET, FACTORY, OF	FFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
AT W	ORK						
22a.1 certify that (1) (this haspital) atter	ided the deceased fi	ram		, ta	. 19	, that (I r (we) last
saw the deced			.19, an	d that in (my) (out) apinian	death accurred an the date and	d have and from th	e causes stated
	(did) (did nat) view th	e bady after death.					
22b. SIGNATURE	0.	1	1 1 N	DEGREE			E SIGNED
1 KALO	male >	tander	1771	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7 7-	3-82
22d PHYSICIAN'S I	JAAAE LIVE OF STREET) /		22e ADDRESS	DIRECTOR PHYSICIAN L		
220 FITTSICIAIN ST	AME TITLE OR PRINT	,		THE ADDRESS			
R.Donald	Jandorf M	D.		7403 Harford	Road Baltimor	re, Maryl	and
30 BURIAL, CREMATION			23c NAME OF CI	EMETERY OR CREMATORY	23d LOCATION		
Buria1					CITY OR TOWN	COUNTY	STATE
	pur	y 6,1982	Holy Red		Baltimore	Maryla	and
14 FUNERAL DIRECTOR		400	200		TE REC'D. BY REGISTRAR 756. RE	GISTANR'S SIGN	W.
Leonard J	. Ruck Inc	. Baltimo	re, Mary	land JU	L 6 1982 Jun	can Jan	anthon
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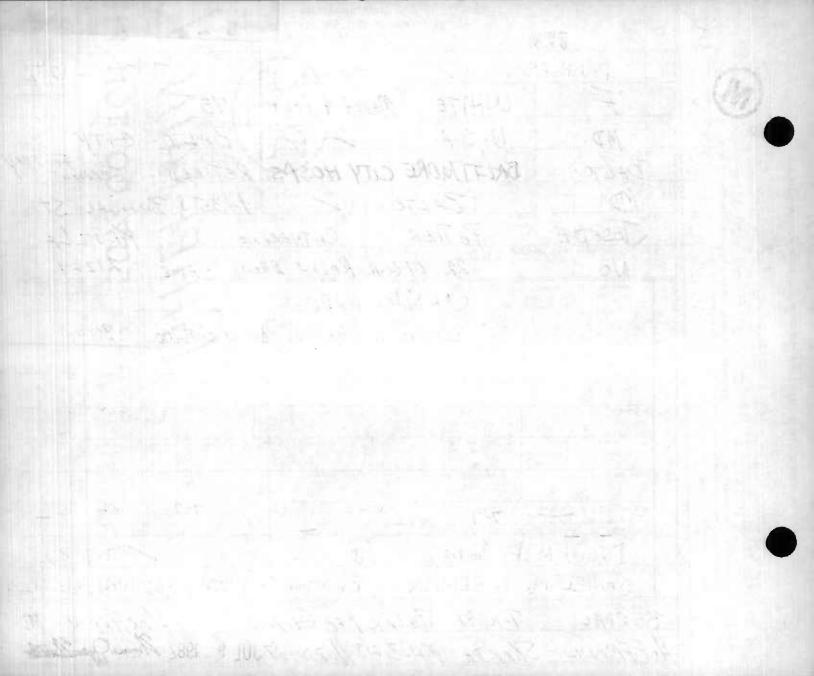
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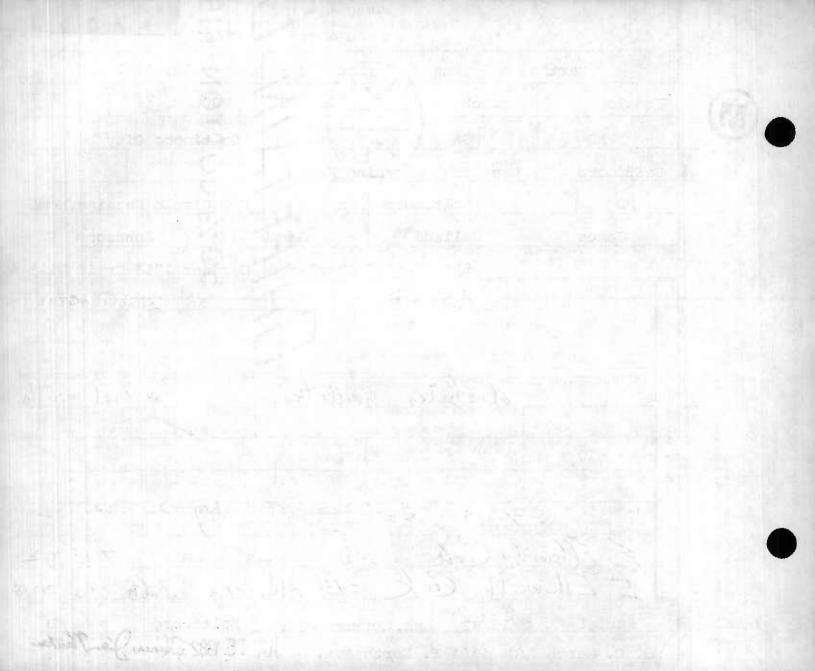
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	3 SEX	male	Black	5 DATE OF BIRTH MONTH DAY 4 11	YEAR 46	6. AGE (IN YEAR LAST BIRTHD)	RS IF UN	DER 1 YR.	F UNDER 24	MIN PROP	DATE NOUNCED DEAD	MONTH	DAY YEAR	2d HOUR 9:55
建建 了	FO	RTHPLACE (ST REIGN COUNTRY)	N.C.	76. CITIZEN OF WH		ITRY?	8. MARRII WIDOW	ED X NEVE	ER MARRIES DIVORCES		iltimore cit			MD.
PAGE PAGE	8	Baltimo	re /	11. NAME OF HOST (IF NOT IN SUCH FACE 2220 L I	nden	Avenue	9	ER INSTITUTI	ION I		CCUPATION (OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	
TH. IF ANY DELA 1, 2, AND TOTA M. 3. RETAIN PA D.2 SHO'LD BEF (ITAL RECORDES)	13a S		IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV TY	13c. CITY	OR TOWN		13d, INSIDE CITY Yes 🔀	Y LIMITS?	3e. STREET A	DDRESS Euta	w Pla	ice	
GES1, 2, 2, MW PW 3.		John		MIDDLE	V	vard			irgin	NAME	MIDDLE		LAST	
B. GIVE PAC WITH FORM T. PAGES I DIVISION C	16e. V	NO NO. OR UNKNO		WED FORCES? WAR OR DATES) by one couse per line	241	1-72-6	1-10	17. INFORMA		Jerry	ADDRI		len Ave	
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WARDED 1 PAGE 3 SH TATE DEPA	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACTO				CATION		CITY	OR TOWN	co	PUNTY	STATE
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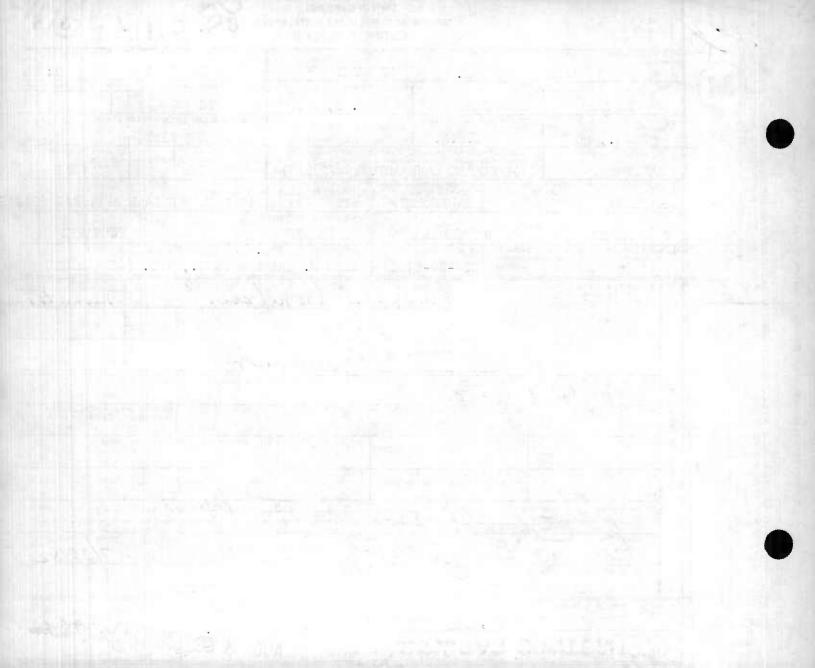
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er deoth	{TYI	ECEASED NAME RIFEST	MIODIE	MAKOWSKI	20 DATE OF DEATH MONTH 7 20	DAY YEAR 26 HO
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M/3	5	MRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore C	City
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should be	N	STATE	13c_CITY OR	imore YES X NO [6602 Bushey	Street 212
	14. F	ATHER'S NAME FIRST Raymond	MIDOLE LAS	h 15. MOTHER'S MAIDEN HELEN	MIOOLE	AST
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tached far use as the burial-transit permit. Then please remove Dept. of Health and Mental Hygiene prior to burial, cremation If Item 21 is marked or Item 18 shows any injury, or other troum		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (ii) this host	DUE TO, OR AS A CONS DUE TO, OR AS A CONS CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR W 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF Abuse ? GTO DEATH BUT NOT RELATED TO THE TE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 216. HOW INJURY OCC STREET From	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO	IF YES, WERE FINDINGS US SERTIFYING CAUSES OF DEV YES NO MAIS, PART 1 OR PART 2) COUNTY 19 22. DATE SIGNES
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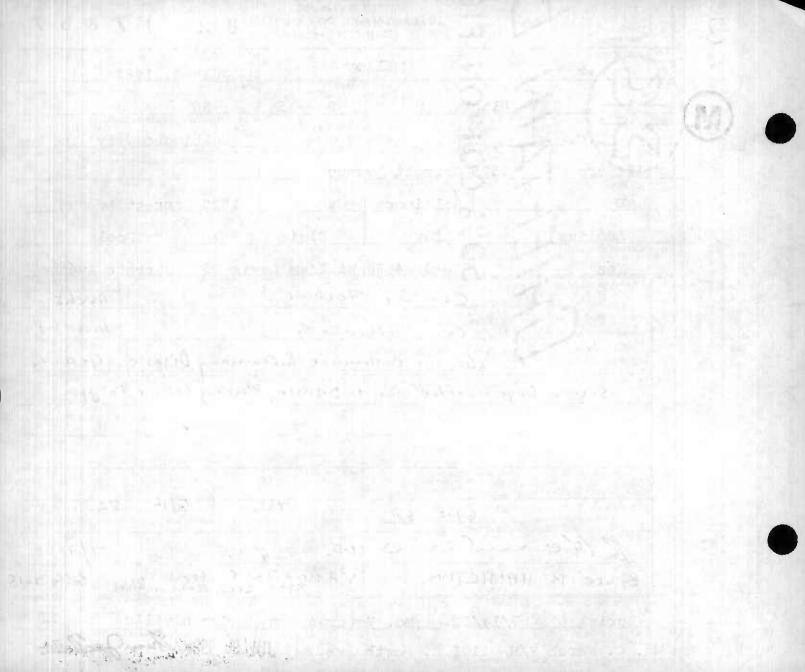
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3	1	FOR - STATE REGISTRAR		DEPA	RTMENT OF	EALTH AND A	MENTAL HYG	SIENE 8	2 REG. NO.	1 7	7 8	6 /
ge 3		ECEASED NAME FIRST LEMOI	n	WIDDIE	Mall	oy		20 DATE OF		198:		2h HOUR
Poo	3 SI		4 RACE		5. DATE	H DAY	YEAR		EARS LAST BIRTHD	AY) IF	UNDER I YEAR	R IF UNDER 24 HRS HOURS MIN.
0 (M)		Male	Bla 7h CITIZEN O	CK F WHAT COUNTE	8 8 R	8	95	9 BALTIMO	86 RECITYOR	YRS.	EDEATH	
		S.C.		USA	WIDOW	D NEVER A	ARRIED		ltimo			440
The fee	, 10. C	ITY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL, NUR	SING HOME	OR OTHER INST		12a USUAL	OCCUPATION K FOR MOST OF WI	1		OF BUSINESS OR
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AND 2 filled in 24 hould be		STATE 136 CO	DUNTY	13c. CITY OR TO	NWC	13d. INSIDE CI YES 🛣	TY LIMITS?	13e STREET 252	ADDRESS	rett	Aver	nue
MARYI and with mpletely and 2 s	14. F	ATHER'S NAME FIRST Adolfus	MIDDLE	Malloy	,	15. MOTHER'S	FIRST	ME	WIDDIE		LA	NST.
ond cor		WAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMAL	sie		ADDRESS	Po	oole	
be e ion or rs. Page		Yes	ONE WAR OR DATES)	220-09	9-4838	Willi	am Le	wis 2	525 Ga	arret	t Ay	enue
ficote physic page naval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		er line for (o), (b),	ond (c)	Faile					BETWEEN INC.	XIMATE INTERVAL
death cert and any cortains ave corbai	1	Conditions, if ony, which	DUE TO, (b)_	OR AS A CONSEC	DUENCE OF	nona						uths
ol W. PR		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, (c)	ORAS A CONSEC	DUENCE OF	ructive	Rela	mana	y Dis	esse		cars,
RDS, 2 equires on signe Then p r ta bur injury,	NO	PART 2 OTHER SIGNIFICAN	Degene	ONTRIBUTING T	O DEATH BUT	HOT RELATED	TO THE TERM	Bleech	EORCONDITI	ON GIVEN	IN PART IN	· .
DIVISION OF VITAL RECORD NG PHYSICIAN; The law requ ottending physician. After this certificate has been s os the burdal-transit permit. The th and Mental Hygiene prior to orked or them 18 spews any inju	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHI				20a AUTO	PSY? 20	b. IF YES, W	VERE FINDI	NGS USED S OF DEATH?
I OF VIT I OF VIT g physical ind-transingl-transingler fem 18 si	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER NOTIFY MEDICAL EXAMINATION)	DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTERNA	TURE OF INJURY IN	LITEM 18 PART	I OR PART 2)	
OIVISION VG PHYS other this of the burner	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFIC		211 LOCATIO STREET	N		CITY OR TOWN		COUNTY	STATE
spitol ar CTOR: Al for use of of Healt		22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	spital) attended t	he deceased from	Com	d that in (my) (, 19.76 our) opinion d	to	d on the date of			that (1) (we) lost
ITAL OR A by the hory the hory the hory the hory that DIRE! detached state Dept.		16. Co	m	Dear		DEGREE AT	TENDING HYSICIAN Y	MEDICAL DIRECTOR	STAFF PHYSICIAN	· 🗆	22c. DATE	SIGNED 9/82
TO HOSPIT retained by TO FUNER should be with the St	200	Bruce C				27e ADDRESS	uchic 3700	Loch	Raves	n Blue	e 8	Salte 21211
918 BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23h. DATE 7/14			eteran	REMATORT	CITY	TION ORTOWN OWNSV.	-	YTHUC	МĎ
DHMH - 16 50M 1/B1 (VRA 15, 4)		m. C. March	F/H 1	101 E.	North	Ave.	25a. DATE	REC'D. BY RE	GISTRAR 251		SIGNAT	Maste.



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Section 1	19 30	P Konai	Million Committee	
el libertalia			100	14/57
New Manager				V V P
				14200
		remarkatings.		lineX (mills)
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	Markly -	The stronger		

4/ -	FOR STATE		NT OF HEALTH AND M	14	17	3 7 0
7.70	REGISTRAR	MEDICAL EXA	AMINER'S CERTIFI		REG. NO.	, , ,
	THE OR MINIT	LBERT	MALOTT	20. DATE OF DEATE	KNOWN MONTH ESTI. X MONTH AATED 7-3-82	DAY YEAR 26 HC
n. se	Tale White	MONTH DAY YEAR L	GE (IN YEARS IF UNDER 1 YR. ST. BIRTHDAY) MONTHS DAYS 67 YRS.	IF UNDER 24 HRS. 2c. DAT	INCED 7 7 00	DAY YEAR 24 HC 5:2
9 "	BRITHPLACE (STATE ON TOWNS OF THE COUNTY) Manyland	USA	WIDOWED -	DIVORCED Bal	timore City	OF DEATH
Ba	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET: 3563 Fairfield OF OTHER INSTITUTION, GIVE RESIDENCE BEFOR	Avenue	UTION 120. USUAL OCC FOR MOST OF WI Mainter	UPATION (TYPE OF WORK 12) DRKING LIFE) Rance/ Ronald	or industry F. Vane,
13a. S	Maryland 136 COUN	TY 13c CILY OR 1	imore 13d. Insupe	NO □ 3563 F	airfield Ave	nue, 2122
	FATHER'S NAME FIRST Unknown	MIDDLE LAST		FIRST Unknown	WIDDLE	LAST
160	WAS DECEASED EVER IN U.S. ARI	war or dates) 166 SOCIAL STATES) 275–16	-3609 Edu		ADDRESS Balto 3/49 Patapsco	Ave.,
2	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying cause lost</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(c) CONTRIBUTING TO OCATH BUT NOT RELATED TO	UENCE OF	ON GIVEN IN PART I (e).		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFO	RMED?		YES XX NO [
MEDICAL CERT		21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M. 21c PLACE OF INJURY (A)	Y YEAR	Y OCCURRED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1 OR PART 2	
MEC	WHILE NOT WHILE AT WORK	STREET FACTORY FARM FTC 1	STREET	CITY OR T	OWN COUNT	Y STA
	22a I certify that I taak charg	re of the remains described by Holder of the remains described by Holder Described by	, Suicide , Hom	Inspection , Inquir icide , Undetermined i SPECIFY) STANT MEDICAL EXA	nanner	on 7-4-82
1	EXAMINER'S NAME (TYPE OR PRINT)	Virginia L. Dola	n, M.d. ADDRESS.	111 Penn St	reet	
73a P	BURIAL CREMATION REMOVAL 12	3h DATE 73r NAM	OF CEMETERY OR CREMAT	ORY 1730 LOCATION		
(BURIAL, CREMATION, REMOVAL 2 (SPECIFY) (nemation FUNERAL DIRECTOR		rity Process,	CITY OR TOWN	ck Ave. Bal	to. Md.

dina de la comis

DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	0 4	G. NO.	7 8	7 1
	DECEASED NAME TYPE OR PRINT) ROBE	RT	MIDDLE		RNER	20. DATE OF DEA	13 8	Z YEAR	9.3 AM
3		RACE		S DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY) 59 YRS	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
y .	COUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	North Carolina		S.A.	WIDOWE			more C	ity	MD.
1	Baltimore	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS) HOSE	PITAL	12a USUAL OCCU (TYPE OF WORK FOR A			OF BUSINESS OR
13	BUAL RESIDENCE (IF MURSING HOME OR C 3a. STATE MD		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	N	13d INSIDE CITY LIMITS? YES 😿 NO 🗌	13e. STREET ADDR		tery Ave	enue
14	FATHER'S NAME FIRST M	IDDLE	Marner	Sr.	IS. MOTHER'S MAIDEN NA/ FIRST Lula	ME	PLE	Ni	son
16	WAS DECEASED EVER IN U.S. ARM	NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	ODRESS		
	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	240-14-1	.640	Janie Tucker	230 S.	Monasi	tery Ave	enue
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per BY: CAUSE (o)			ATOMY RAPPER	37		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	(b)	R AS A CONSEQUE	3.	SEPSIS			DA	VS.
	couse (a), storing the underlying cause lost	DUE TO,	EN BUSEONE	NEE OF	E METAS	TASES		Mos	MITH
3	PART 2 OTHER SIGNIFICANT CO	onditions <u>cc</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GI	IVEN IN PART 10	0
CeptielCation	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	CERT	S, WERE FINDIN	OF DEATH?
		HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	77	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	22a. I certify that (1) (this hospital saw the accessed alive on obove, (1) we) (did) (did not)	300	12 19	97.or	d that in (my) (aur) apinian c	to	ne date and ho		that (I) (we) last causes stoted

IMPORTANT SCOTT TMAURERMO 23a. BURIAL, CREMATION, REMOVAL Burial 7/17/82

24 FUNERAL DIRECTOR

22 SOUTH GREEN

22e ADDRESS

BALTO

23d LOCATION

MEDICAL

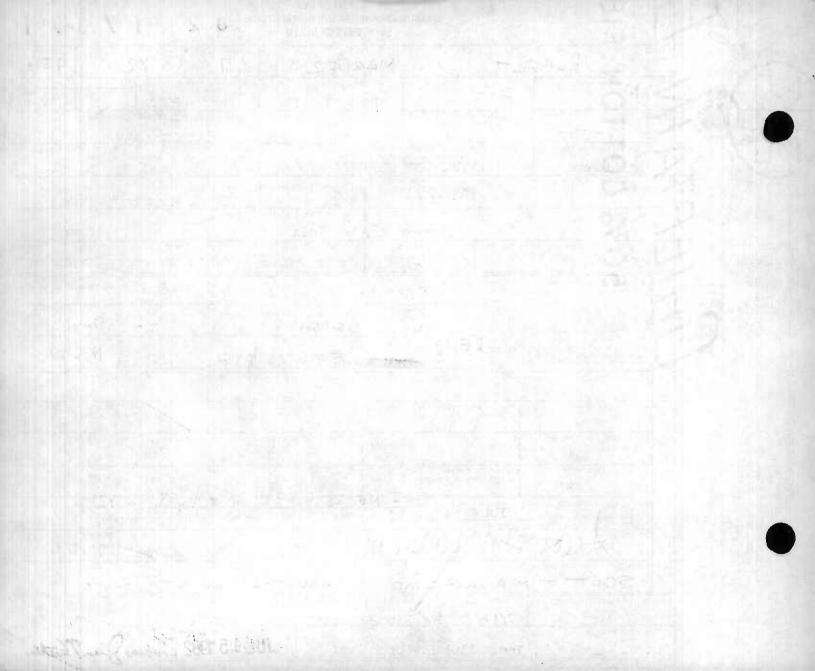
STAFF
PHYSICIAN

1101 E. North Ave. Wm. C. March F/H, Inc.

King Memorial Park Woodlawn

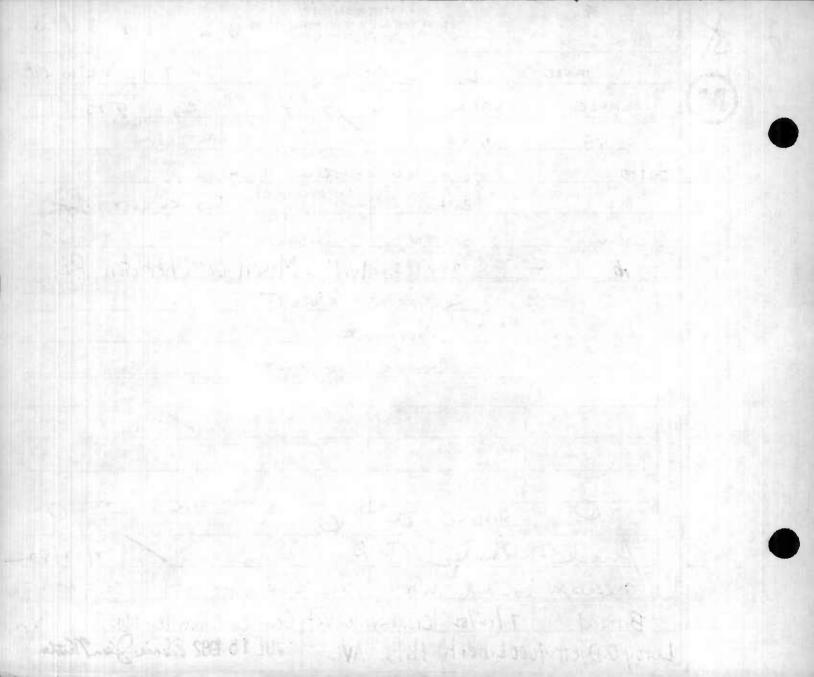
| 250 DATE REC'D. BY REGISTRAP 256 REGISTRAP'S SIGNATURE
| North Ave. | JUL 15 1982 | Carres |

STATE



	5/	1,	FOR	DEPART	STATE OF MA MENT OF HEALTH A	RYLAND AND MENTAL HYGI	ENE O	7872
	0	1'	- STATE REGISTRAR	MEDICAL	EXAMINER'S CE	RTIFICATE OF D	EATH REG. N	10.
			DECEASED NAME FIRST TYPE OR PRINT)	WIODLE	LA!	sť	20. DATE KNOWN	XX MONTH DAY YEAR 26 HOUR
	M, PLEASE IRECTOR. IR FILES. 72 HOURS			AWNTAE	MARTIN		DEATH MATED	□ 7-20-8219 M
	E STE	3. 3	SEX 4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS IF UNDE	ER 1 YR. IF UNDER 24 HI	RS. 24 DATE PRONOUNCED	MONTH DAY YEAR 26 HOUR
	SASSE.	11	-ans6 15/1K	6 9 62	20 YRS.	DAYS HOURS MIN	DEAD	7-20-82 19 9:10A
	Name of the	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	ITRY? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
	意報能於	1	1/ }.	NSA	WIDOWED			City MD.
	STATES TO	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME, OR OTHER	INSTITUTION 120	USUAL OCCUPATION (IT) FOR MOST OF WORKING LIFE)	YPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	No. W.	9E	Raltimore	Conn. Ave&Woo				
	RE, MD. 21201 FATH IF ANY DELA FES 1, 2, AND 3 TO 1 PM 3. REFAIN P AND 2 SHOULD BE FOUND REFERENCE.	US	UAL RESIDENCE (IF IN NURSING HOME STATE / 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	d. INSIDE CITY LIMITS? 13e	STREET ADDRESS	
	SECENT I	5	MIC	BOX 13		YES NO	467 m	anso Cauxs
	MD. A. 3.	14.	FATHER'S NAME	MIDDLE	LAST 15	MOTHER'S MAIDEN NA	AME MIDDLE	LAST
	DEATH DEATH AND AND SELVEN	OP	Robert H	through	in sv	Villen	;	Briand
	PAG ORA ORA ONO	/ 160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SO	CIAL SECURITY NO. 17	INFORMANT	ADDRES	is /
	201 W. PRESTON ST., BALTIMORE, MD. 21201 UTED WITHIN 24 HOURS AFTER DEATH. IF ANY IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND EXAMINER ALONG WITH FORM PM. 3. HET RIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULE D MENTAL HYGIENE, DIVISION OF WITAL PECON ON, OR REMOVAL.	/ _	We			Kandolt	4 =	50 kinson
	URS AF WITH WITH IT. PAG DIVISI		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	N S N S N S N S N S N S N S N S N S N S		PART I DEATH WAS CAUSE	ATE CAUSE (a)	strangulation	1		
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	AAN AAN REA		Canditians, if any, which					
	W WENT		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF			
	S PANANO		7,11,9 0000 1031	(c)				
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W BE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. EDPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.			CONTRIBUTING TO DEATH RUT NOT RELA	ATED TO THE TERMINAL DISEASE DI	R CONDITION GIVEN IN PART 1 (a		
	AATT CREEK							
	SHOULD BE OND "PEND CHIEF MEE E USED AS TOF HEALT URIAL, CREATE	1 3	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS	PERFORMED?		2B. AUTOPSY?
	S S S S S S S S S S S S S S S S S S S	4						YES NO 🗆
	ANT THE WARN TO BE	3 3		216. TIME OF INJURY HOUR A.M. MONTH	BAY YEAR 216 HOW	V INJURY OCCURRED (EN		8 PART 1 OR PART 2)
	NO THE COLUMN AREA TO A POLICE	9	CONTRIBUTING CAUSE OF	134.	17	ject found s	Trangled	
	IVIS DED DED DEP PR		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, E WOODS			EITY ON PHOWN D	altoMd.
	WRI WARI		AT WORK AT WORK	kk woods	Conr	h.Ave.&Woodi	ngtonka. Ba	atto., Md.
	ATE, ORV		220 I certify that I taak char	ge of the remains described abo	ive, held an Autopsy	X. Inspection	, Inquiry , o	and in my apinian
	SE S		death resulted fram: Natu	ural causes Accident	Suicide .	Hamicide X Un	determined manner	,
	SKA SERT SILD I		Val	-a- (A (A)	1 00	TITLE (SPECIFY)		
	A S S S S S S S S S S S S S S S S S S S		SIGNATURE WWW	ma Medi	MULL M.D.	Assistant A	MEDICAL EXAMINER	DATE 7-20-82
	DEA SY AND A SY A S	7	EXAMINER'S NAME					
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		(TYPE OR PRINT) M	بمنعمون منتفصر بالمستعمرة والتعمر		DRESS 111 Penn		
	5X45A8	23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR	CREMATORY 236	LOCATION	COUNTY STATE
170) BP			1/24/82	37 P 76	11	Dendon	GP avend
110	DHMH - 17	24	FUNERAL DIRECTOR	ADDRESS	100	250. DATE REC'D	27 1982 25	LINES
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR 20. DATE KNOWN X . DECEASED NAME MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED CL ARENCE 6. AGE (IN YEARS SEX 4 RACE DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 7-3-82 :35A DEAD 0 12 10 Male White YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED Baltimore City USA DIVORCED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION LITTE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) SHOULD BE A Retired Baltimore Sinai Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 2011 Druid Park Drive Maryland YES K NO [ND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME S WITH FORM PM SWITH FORM PM WIT. PAGES 1 AND 2 IE, DIVISION OF VITA GES 1, MIDDLE LAST MIDDLE LAST Unknown Unknown 17 INFORMANT ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 218-10-5226 Mrs. Bertha Mather 2014 Druid Park Dr. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH ED S A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 (ALIPOARY? ONLY 21201 PRIOR TO BURIAL DIVISION OF VITAL YES XX NO [AGE 4 SHOULD BE FORWARDED TO THE WORLD BE FORWARDED TO THE OFFICE PAGE 3 SHOULD BE ATTREDED FOR THE STATE DEPARTMENT AND STONE PROPERTY. 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY ZIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. III LOCATION 71d INJURY OCCURRED STREET STATE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains descripted of over () Alt ov) Autopsy Inspection and in my opinion Inquiry Undetermined monner TITLE (SPECIFY) ACTUAL Assistant DATE 7-4-82 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Virginia_ Dolan. M.D. (TYPE OR PRINT) ADDRESS. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE STATE St. Mary's Cem. (Hamoden) Md. Baltimore Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE A.Alan Seitz Funeral Home 3818 Roland Ave. **DHMH - 17** (VR A15 ME (5) 20M 4/B2



	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	NO.	7 8	7 6		
		E OR PRINT)	fames	MIDDLE	Ma	thes	20. DATE OF DEATH July	28, 19	DAY YEAR	2b HOUR 2:48P		
1	1, SE	Male	4. RACE Bla c	k	5. DATE O		6 AGE (IN YEARS LAST		IF UNDER 1 YEA			
12	10 CI	IRTHPLACE (STATE OR FORE S.C. ITY OR TOWN OF DEATH Baltimore	USA	WHAT COUNTRY? HOSPITAL, NURSII H FACILITY, GIVE STREET and Gene	MARRIE WIDOWE	OR OTHER INSTITUTION	Lty 12b. KIND INDUSTR	MD OF BUSINESS OR				
25	N	AL RESIDENCE (1F NURSING STATE 131 Ad ATHER'S NAME	HOME OR OTHER INSTITUTION & COUNTY	130 CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS? YES X NO 1	Disab 130 STREET ADDRESS 3116 Bak	5	reet			
E		ump VAS DECEASED EVER IN	Math	ES IAST	LIRITY NO	Georgia 17. INFORMANT	MIDDLE	RESS	Mathes	LAST		
	()	imore	St.									
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2	CERTIFICATION	19a DATE OF OPERATIO		Pneumonia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO KEY YES NO KEY						DINGS USED ES OF DEATH?		
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL IN 21d. IN JURY OCCURRED	PART I OR PART 2) STATE								
	220.1 certify that (K(this haspital) attended the deceased from July 21 and that in My) (aur) applied death accurred on the date and have and from the deceased alive an July 28 and that in My) (aur) applied death accurred on the date and have and from the date and have and the date and the d											
	100	22b. SIGNATURE	(TYPE OR PRINT)	Altho		ATTENDING PHYSICIAN	MEDICAL ST	AFF	22c. DA1	TE SIGNED 29/82		
			chlottman,	M.D.		c/o Maryland	d General I	lospit	al			
	1	SURIAL, CREMATION, REA	7-31-			uburn C em.	B altimo	re	COUNTY	Md STATE		

DHMH - 16 50M 1/BI (VRA 15, 4) Burial 7-31-82 Mt. Auburn Co

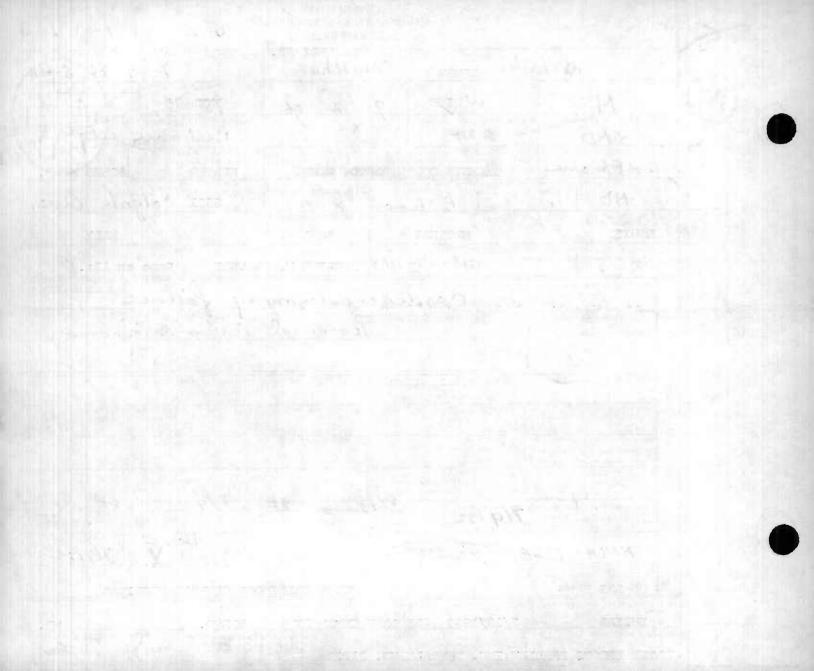
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256 REGISTRAR'S SIGNATURE

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	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.
		CEASED NAME FIRST	MIDDLE LAST , 28 DATE OF DEATH MONTH DAY YEAR 26 HOUR
		Leo	F. Matricciani 7 18 82 915
(IMI)	3 SE	M	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 6 AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
)	Mc.	USA WIDOWED DIVORCED Baltimore City
計事7	B	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UPPE OF WORK FOR MOST OF WORKING LIFE 120. KIND OF BUSINES WERE OF WORK FOR MOST OF WORKING LIFE NEW YORK FOR MOST OF WORK FOR MOST OF WORKING LIFE NEW YORK FOR MOST OF WORK FOR MOST O
a po	USU 13a	AL RESIDENCE (IF NURSING HOME CO	OR OTHER INSTITUTION GIVE DESIDENCE REFORE ADMISSIONI
THE PLANT	14.5	M d ·	UNTY BALTIMORE 134 INSIDE CITY LIMITS? 136 STREET ADDRESS PREEN HILL AVE
新30X	1	AMIDEL MA	MIDDLE LAST FIRST MIDDLE LAST
d con	160		ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
Pag med		3372 Yes WW	11 216-16-2611 Mrs Faye R Matricciani Same
carba carba n, or re		4275	ATE CAUSE (0) Cardiopulmonary Cirest Share
se remave cremotion		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
signed by the atterned the please remave to burial, cremotioning, are attentioning, are attentions.	NO	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
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IMPORTANT: If Hem 2

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYCIENI

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	CEASED NAME E OR PRINT)	PEARL		MIDDLE		ATT HE	ws	20. DATE OF	DEATH MONTH	16	YEAR 82	10: 15 PM
1 SE	FEMALE		CAUC		5 DATE C	DAY	YEAR TS	6. AGE (INY	EARS LAST BIRTHDAY)	MONTHS	DER I YEAR	IF UNDER 24 HRS
10. C	IRTHPLACE (STATE COUNTRY) MARYLAND ITY OR TOWN OF BALT IMOR	DEATH 11	U.S. NAME OF I	WHAT COUNTRY? A. HOSPITAL, NURSIN H FACILITY, GIVE STREET. AGNES I	MARRIEI WIDOWE G HOME C ADDRESS)	D NEVER A	MARRIED	BALT 120 USUAL C	RECITY OR COUNTY OF COUNTY OF COUNTY OF WORKED	TY G LIFE) IN		MC F BUSINESS OR
13a M	STATE ST	BALT	IMORE	GIVE RESIDENCE BEFORE 13(. CITY OR TOW WOODLAW	N		ITY LIMITS? NO 😿 MAIDEN NA		ST . MARY	S STI	REET,	21207
	JAMES WAS DECEASED EV YES NO OR UNKNOWN NO		D FORCES?	FOWLER 166. SOCIAL SECU 212-22-2		M. 17. INFORMA ETHEL		5906 S	V. ADDRESS ST. MARYS	STRI		21207
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CERTIFICATION	PART 2 OTHER S			ONTRIBUTING TO E				200 AUTO	DPSY? 20b. IF	YES, WER	RE FINDIN	IGS USED OF DEATH?
MEDICAL CER	(IF EITHER NOTIFY A	CAUSE OF DEATH	21e PLACE	M. MONTH DA	19	211. LOCATIO		RED (ENTER NA	TURE OF INJURY IN ITEM		R PART 2)	STATE
	saw the dec	eased alive an e) (did) (did not)	07-	after death.		DEGREE	, 19 82 (aur) apinian	death accurre	07-16 d an the date and	2	from the c	

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22c. DATE SIGNED 07-16-82

PHILIP

HOSPITAL, BALTIMORE, MD

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL

231 NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

23d LOCATION WOODLAWN

BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

21229

07-21-82

4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

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	I. DEC	EASED NAME	FIRST		MIDDLE			LAST	JA12 0			REG. NO.	MONTH	DAY	YEAR	76 HOUR
	(TYPI	OR PRINT)	Rosa	alio			M=	tusak			OF DEATH	E211.	7	18	1982	
TREE	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE IN YEAR	IF UN	DER 1 YR.	IF UNDER		. DATE		MONTH	DAY	YEAR	2d HOU
	I	emale	White			LAST BIRTHDAY		S DAYS	HOURS	MIN. P	PONOUN	ICED	7	18	1982	6:3
		RTHPLACE (ST	ATE OR	75. CITIZEN OF WI	HAT COU	NTRY?	B. MARRI	ED NEV	/ER MARR	IED 9	BALTIM	ORE CITY OF	COUNT			
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	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTH	ER INSTITUT	ION		L OCCUP	ATION (TYPE (OF WORK	12b. KIN	ND OF BU	SINESS
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-		Md.			Ba1	to.		YES 🗹	NO 🗌	253	0 Ma:	ryland	Ave			
4	14 FA	THER'S NAME		WIDDLE		LAST		15. MOTHE	R'S MAIDI	EN NAME	MI	DDLE			LAST	
4	16n W	AS DECEASED	DEVER IN U.S. A	RMED FORCES?	TIAN SO	CIAL SECURITY	NO	17. INFORM	AANT			ADDRESS				
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3	ALC	UNDERLYING	OR CAUSE OF	HOUR A.M		DAY YEAR										
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		geam resulte	ed Halli: Nat	ordicauses (L.)	Accident	, 3010	ide []			Undeter	minea ma	mier,				
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7			(The Villa		M	D					SIGNE	.D		
2		EXAMINER'S (TYPE OR PRIN		Virginia L	. Dol	an, M.C		ADDRESS_	- 1	III Pe	nn S	treet			133	
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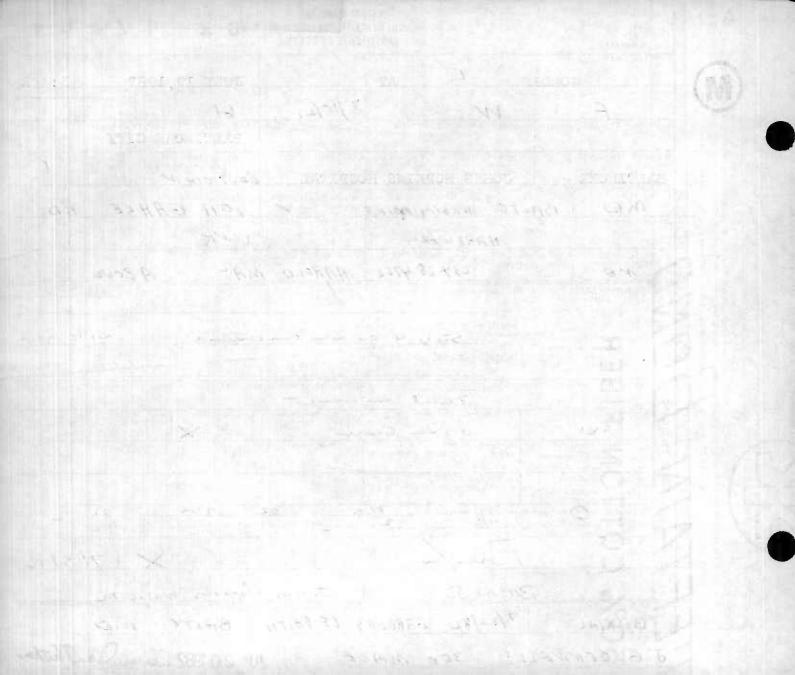
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

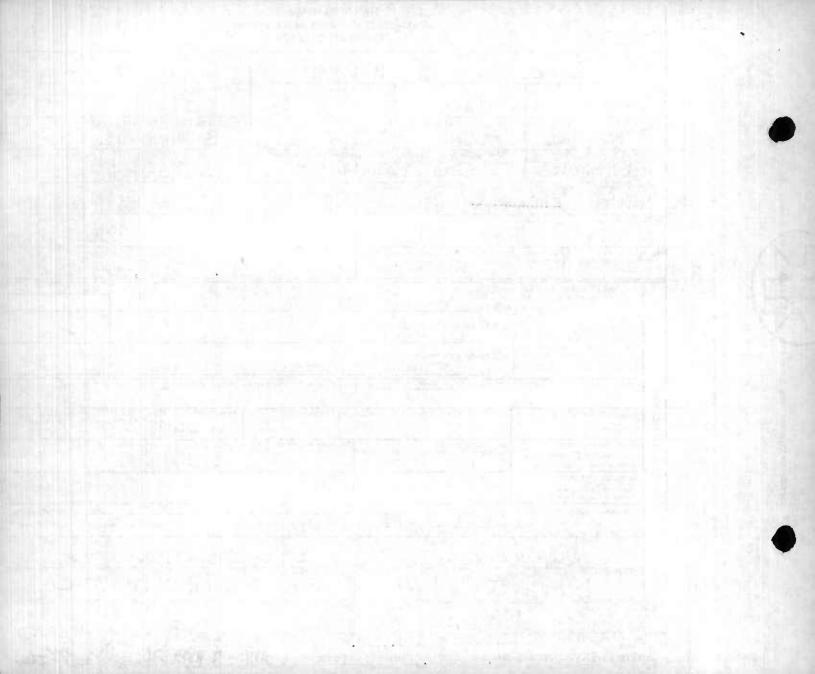
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	1					E OF MARYLAND	0 0	1 "7	0 0 7
	1	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HY	GIENE 8 2	1 /	800
		CEASED NAME	FIRST	MIDDLE	_ 70	AST	20. DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR
1			DLDIE	4.	MAY		JULY 19	1982	4:45A
,	3. SE	X	4 RACE		S. DATE (6. AGE (IN YEARS LAST BI	RIHDAY) IF UNDER	LYEAR IF UNDER 24 HRS
		F	W		MONI	3 /10/2 1 YEAR	61	YRS	MIN MIN
79		IRTHPLACE (STATE OR FOR COUNTRY)	76 CITIZEN OF	WHAT COUNTE	RY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMO	RE CITY	JH AA
33		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE ST	SING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) INDU	IND OF BUSINESS OR
	USU	ALTIMORE AL RESIDENCE (IF NUR		GIVE RESIDENCE BE		OSPITAL	BEUTICIAI		
32		ATHER'S NAME	BACTO	MESTM	INSTA!	134 INSIDE CITY LIMITS?		FAHLE	RD
60	14. 6	FIRST	MIDDLE MY A	RTWEE	_	15. MOTHER'S MAIDEN NA	UNK MIDDIE		LAST
dico		VAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SE		17 INFORMANT	ADDR	ESS	
E A		NO	(4 163, 0116 11111 01101163)	23428	4762	HARGLD	MAY	A Bovi	6
ř,		18 CAUSE OF DEATH	Enter only one couse pe	r line for (o), (b),	ond Ici.			BET	APPROXIMATE INTERVAL
D A D	13	PART I. DEATH WAS	MEDIATE CAUSE (0)						
5		1000	DUE TO, C	R AS A CONSEC	QUENCE OF				
		Conditions, if ony, w gove rise to immed		STag	40	Uchica Com	cirona	~	11/2 year
O D D D D D D D D D D D D D D D D D D D		couse (o), stoting underlying couse	the DUE TO C	R AS A CONSEC	QUENCE OF				
, ,		PART 2 OTHER SIGNIF		ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 110
<u>-</u>	CERTIFICATION			Rena	e in	priment			
, ou	S	19a. DATE OF OPERATIO	IN IN COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F	INDINGS USED
Shows -	I	1981		Overic	- Can	cen	YES NOW	YES	NO [
9		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART) OR PA	দো 2)
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	CE EADM ETC I	211 LOCATION	CITY OR TO	WN COUN	NTY STATE
	>	AT WORK NOT WHILE			LE, FARM, ETC.				
Z1 15 mc	2	sow the deceased	olive on	19		nd that in (my) (our) opinion	death occurred on the de	ote and hour and from	m the couses stated
E		22b. SIGNATURE) (did not) view the body	offer deoth.		DEGREE			DATE SIGNED
			1 Sn	in	1.5	ATTENDING PHYSICIAN I	MEDICAL STA	FF TIAN	7/15/6
< ,		22d. PHYSICIAN'S NAM	E ITYPE OR PRINT)	-6		22e ADDRESS	_ JARCETON _ THISIC		11.112
A L		- a	BRIAN	5		J04~5	Huplezas	HUSATTAL	
≥ 7	23a l	BURIAL, CREMATION, RE	MOVAL 23b DAJE	, 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
1		BURIAL	1/22	182 [ARDEN	15 OF FAITH	BALT	o. MID	STATE
11		JNERAL DIRECTOR		ADDRES	5	25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIC	GNATUR
	J	. 6. CONI	NELLY	300	MA	CE	1111 20 1982	Zances)	an letter
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1	1					OF MARYLAND				
. 4	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL	L HYGIENB	REG. NO.	7 8 8	3 4
100 mg/m 68		CEASED NAME JEHNIE		MIDDLE		izaroff	2a DATE OF	DEATH MONTH	28 82	1:30 AM
To start of the st	3. SE	Female	Cauca	isian	S. DATE C	F BIRTH		ARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS S	IF UNDER 24 HRS
O of the Bo	BI	RTHPLACE ISTATE OR FOREIGN DUNTRY Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	D	RECITY OR COU	OTY OTY	MD.
1 1/2	10. CI	Baltimore	11. NAME OF	HOSPITAL, NURSIN		ROTHER INSTITUTION	(TYPE OF WORL	OCCUPATION OF MOST OF WORKIN	GLIFE) INDUSTRY	HOME
MARYLAND 2120 ed within 24 houn ompressly filled in b and 2 should be if	130.5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	Mare C'AL	13c CITY OF TOW		13d INSIDE CITY LIMI YES XX NO	EC) () pm	Bodess, Western 1	Run Drive	21209
MARYLA MARYLA	14 FA	HYMAN	"Baer	Cohn		15. MOTHER'S MAIDE	NAME	WIDDIE	(XXXXXXXX	UNKNOWN
	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? /E WAR OR DATES]	160. SOCIAL SECU 212-74-7.	560	17 INFORMANT 2305 HAN	BERT M AWAY RD.	AZAROFF BALTO	, MD 2:	1209
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, NG PHYSICIAN: The law requires that the death certificate be executive physician. The this certificate has been signed by the attending physician and as the burial-transit permit. Then please remave carbon papers. Pages than Amental Hygiene prior to burial, cremation, ar remaval. and Mental B shows any injury, ar atter traumatic event, the medical	NO	18. CAUSE OF DEATH IETHER OF PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	ED BY. TE CAUSE (0) DUE TO, 0 (b) DUE TO, 0 (c)	Congestored RAS A CONSEQUE CARCINON	NCE OF A		5	e or condition		NATE INTERVAL
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 206. IF	YES, WERE FINDIN RTIFYING CAUSES (YES	GS USED OF DEATH? NO
PHYSICIAN: The ending physicia this certificate be burial-transit ad Mental Hygie dar Item 18 sho		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (1F EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.		Y YEAR	21c. HOW INJURY O	CCURRED (ENTER NA	TURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
DIVISION (ING PHYSIC In other this cer as the burio lith and Meni	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDI TTENDI OTOR: A far use of Heal		22a I certify that (I) (this hasp saw the deceased alive or above, (II) (we) (did) (did no			July 22 . or	23 , 19 d that in (our) op	, 10	JULY 28 d on the date and		hat (We) lost ouses stated
ERAL DIRE ERAL DIRE e detache State Depti		226. SIGNATURE	ah A.	· Ward	Ma	ATTENDI PHYSICI		STAFF PHYSICIAN	7/28	182
TO HOSPITAL OR a retained by the hos TO FUNERAL DIREC should be detached with the Stote Dept IMPORTANT: If them		22d PHYSICIAN'S NAME (TYPE O	th J. V	Jaird Mil	5	Sina.	i Hospit.	al of B	altimore	2
2740	,	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	JULY 2	9,1982 A	NSHE	EMETERY OR CREMAT EMUNAH	CITY O	RTOWN	COUNTY MA1	STATE
DHMH: 16 60M 1/73 (VR A 15 (4))		INERAL DIRECTOR SOI	LEVINS	ON & BROS	.,INC	21215	o. DATE REC'D, BY R	EGISTRAR 256. REC	GISTRAR'S SIGNATI	W-then



DIVISION OF VITAL RECORDS

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etained by the haspital ar attending physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filed within 72 hours ofter death	with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remayal.

or other troumotic e

IMPORTANT: If Item 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2

1.	- STATE REGISTRAR		DEL ARTI		FICATE OF DEATH	REG. N	0.	, 0	0 0		
	CEASED NAME FIR		MIDDLE	1646	LAST	2a. DATE OF DEATH	MONTH DA	LY YEAR	2h HOUR		
	BAB	Y	GIRL	MC	CCALIP	5/12/82	2		6:00 A		
3. SE	X	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BI		FUNDER 1 YEAR			
	F	100	N	5/	9/82 YEAR	3 days	YRS	ONTHS DATS	HOURS MIN.		
Ja. B	IRTHPLACE (STATE OR FOREIG	N 76 CITIZEN O	F WHAT COUNTRY?	8	ED NEVER MARRIED	9 BALTIMORE CITY		OF DEATH			
В	altimore Cit	7 71	SA.	WIDOW		City			MD		
	ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
	altimore Cit	y St	Agnes Ho	spita		(TYPE OF WORK FOR MOST (OF WORKING LIFE)	INDUSTRY			
13a. S	AL RESIDENCE (IF NURSING H	COULT	13(. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2917 Den	ham Ci				
14 F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		H 1			
			6701		Amy	MIDDLE		Mccal	lip		
	WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	SS				
-											
	18 CAUSE OF DEATH (Er PART I. DEATH WAS C	nter only ane cause p	er line far (a), (b), and	d IC		0	A.C.M.	BETWEEN	XIMATE INTERVAL I ONSET AND DEATH		
		EDIATE CAUSE (a)_	CESTIRA	TORY	DISTRES:	5 JYNDRO	ME	D	AYS		
	1670 DUE TO, OR AS A CONSEQUENCE OF O										
	Conditions, if ony, which (b) PREMATURITY										
	gove rise to immediate cause (a), stating the DUETO OR AS A CONSPONENCE OF										
	underlying cause la	(c)_	ALSO 1	NTR	AVENTRICL	ILAR HEA	10 PRAGE	F			
_	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	(0		
CERTIFICATION											
CAI	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2	20b. IF YES, V	WERE FINDE	NGS USED S OF DEATH?		
TIFE						YES NO	YES		NO []		
CER	210 ACCIDENT WAS UNDERLYIN		OF INJURY A.M. MONTH DA	V VEAD	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T T OR PART 2}			
SAL	OR CONTRIBUTING CAUSE	OI DEATH	P.M.	19							
EDICAL	214 INJURY OCCURRED	21e PLAC	E OF INJURY		211. LOCATION						
×	WHILE NOT WHILE [TAT HOME, S	STREET FACTORY OFFICE F	ARM ETC 1	STREET	CITY OR TO	WN	COUNTY	STATE		
	22a I certify that (I) (this	hospital) attended	the deceased from _		, 19	, ta	19)	that (I) (we) last		
	saw the deceased all abave, (I) (we) (did) (did)	ve ondid not) view the bad	v after death.	, a	nd that in (my) (our) apinion	death accurred an the de	ate and hour c	and from the	causes stated		
	17%. SIGNATURE DEGREE 27%. DATE SIGNED										
	M. D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D										
	22d PHYS LAN'S NAME	(TYPE OR PRINT)			22e ADDRESS	_ January I	TOTAL BANK	1 86	-112		
	AMF	5 E. T	AYLOR		5+	Agnes Ho	2-1	0			
23a I	ILMIEL, CREMATION, REM	OVAL 23b. DATE		NAME OF C	EMETERY OR CREMATORY	// 23d LOCATION	pun	•			
1	FMOUAL	7-13	-82			CITY OR TOWN		COUNTY	STATE		
Sec.						and the same of th		-	AV I		

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

OR ATTENDING PHYSICIAN: The low

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	Baby Socks		STATE REGISTRAR		CERTIFICATE OF DEATH	9 4	001
			CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	AY YEAR 26 HOUR
	e me		OR PRINT)	~	na o	I DATE OF DEATH	CO A IND
	d elle		Angela	Dec	Mc Corpulck	3 29	8-1 9:43 PM
	2 0.5	I. SE	x	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
	1/2	100	Finel	WIT	MONTH DAY 12 YEAR 2	BO	ONTHS DAYS HOURS MIN.
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	THE POS	1	COUNTRY)		MARRIED NEVER MARRIED	S BALTIMORE CITY OR COUNTY	L
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-	1 11 1	10. C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST 	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12h KIND OF BUSINESS OR
5	by the filed filed	11	3Altimore	1 1	es Hospital		moosiki
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BA	ficate obysici paper noval. ent, th	1.53	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b)	, and (c).) U// /.	/ X	APPROXUANTE INTERVAL BETWEEN ONSET AND DEATH
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3	by the ose rer I, crem other		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	, ,	
5	- 0000			(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120		1_	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
8	P F + P	CERTIFICATION					
0	been remit. Prior ony ii	1 3	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
8	The lo	Ĕ	Company of the Parket			YES NOT YES	ING CAUSES OF DEATH?
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>	SICIAN: Tog physicing physicing certificate rial-transmental Hygi fem 18 sh		OR CONTRIBUTING CAUSE OF DE	110110 1 11 11011711	DAY YEAR	(EMENIATORE OF MOON IN TERM OF THE	TO TO THE TOTAL OF
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9		MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
Σ	ke a fe a	1	AT WORK AT WORK		-1. Y	16.1.	
۵	O o o o E		22a. I certify that W (this haspi	tal) atterided the deceased fro	m 3/12/82 19	to 3/28/82	9, that w (we) last
	OR ATTEN le hospital DIRECTOR sched for us Dept. of He f Hem 21 is		saw the deceased alive an	5/24/82		death occurred an the date and hour	
	AL OR ATTEN the hospital AL DIRECTOR etached far u te Dept. of H		abave, (1) (me) (did) (did ac	view the body after death.	DEGREE		27r. DATE SIGNED.
			Maria D	2/1	ATTENDING _	MEDICAL STAFF	The storiety
	HOSPITAL OR A sined by the hor FUNERAL DIRECT wid be detoched the the Stote Dept.		power	Melen	9/1/20 PHYSICIAN [DIRECTOR PHYSICIAN	3/25/82
	HOSPITAL med by th FUNERAL suld be deta the State		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	2	///
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	5 de 5 de 3 de 3	220	BURIAL, CREMATION, REMOVAL	23b. DATE 1	3c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION /	
	20	230	SPECIFY),	7/.4	THE CHARLEST OF CREMATORY	PAN OR TOWN	COUNTY M STATE
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0	HMH-16 30M 2/80		JNERAL DIRECTOR	ADDRE	25a. DA	E REC'D. BY REGISTRAR 2514 REGISTR	ARE SIGNATURE
	(VRA 15, 4)	M	itzke Catons	ville 1630 I	dmondson Ave.	1 23 1982 & Parces	Jean Mayor

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Arlington, Virginia22203

FOR

4510 Wilson Blvd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE CITY OR COUNTY OF DEATH BALTO. CITY 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SELF-EMPLOYED 6385 WOODBURN AVENUE, 21227 MARTIN ELKRIDGE, MD. MARY PATRICIA BORRICK 6385 WOODBURN AVE. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated THE DATE SUGNED DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION [SPECIFY] BURIAL 07-31-82 ELKRIDGE MEADOWRIDGE MEM. PK. HOWARD MARYLAND 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER I YEAR

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FOR

REGISTRAR

I. DECEASED NAME

- STATE

TYPE OF PRINTS

DHMH - 16 50M 1/81 (VRA 15, 4)

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THE MANNEY BELLEVILLE MACHAEL F. PELCZAP, M 71 ST AGREG HOSPITAL SSE COLUMN TO THE RESIDENCE OF THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR - STATE

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I. DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Nurse Lot 52 Ashley Trailer Ct. Allen under nutoition 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 5 2 , and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CHARLES GENEPAL Baltimore Charles W. Burrier, Jr., Sykesville, Md.

REG. NO 26 DATE OF DEATH MONTH

IF UNDER 1 YEAR

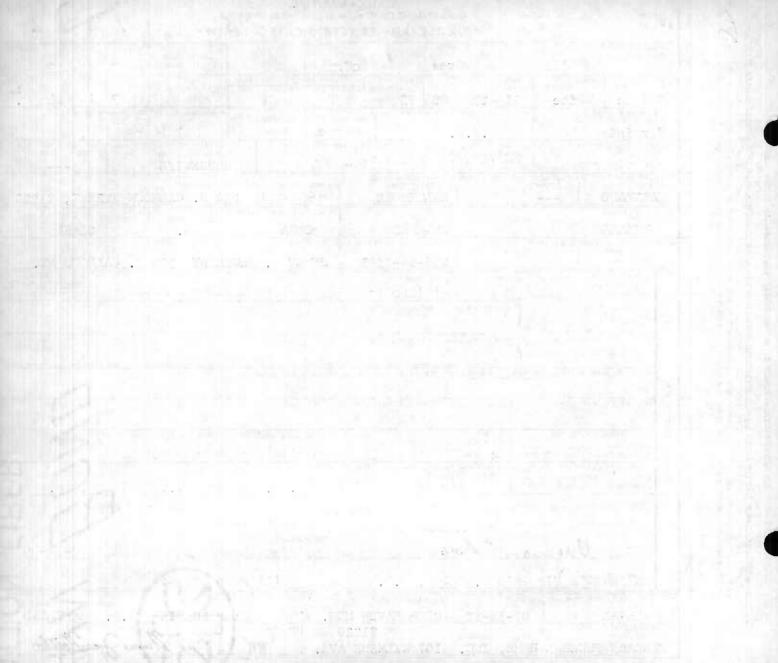
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) ESTI-McCready DEATH MATED Nina Orea 1 19 82 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 11 1982 Fema1e White 11 23 08 73 YRS Ta BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED X DIVORCED Baltimore City. Virginia CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY University Hospital - DOA Baltimore HOUSEWIFE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b. COUNTY BALTIMORE MARYLAND 224 S. CALHOUN STREET, 21223 YES 5 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME WITH FORM PM IT. PAGES 1 AND 2 DIVISION OF VITE MIDDLE FIRST MIDDLE LAST CORA В. CLARK WILLIAM GRAMMER 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** 216-54-5593 JANET M. McCREADY 224 S. CALHOUN ST 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI' HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. Multiple Injuries IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, PROCE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER BEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES XX NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH pedestrian struck by auto 19 82 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK street 1500 blk. W. Lombard St. Baltimore. Md. 22a I certify that I took charge of the remains described above, held an Accident XX Hamicide ___ Undetermined manner TITLE (SPECIFY) M.D. Assistant 7-12-82 EXAMINER'S NAME III Penn Street Virginia L. Dolan. M.D. 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE BURIAL 07 - 15 - 82GLEN HAVEN MEM. PARK GLEN BURNIE MARYLAND 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR 21229 **DHMH - 17** VR A15 ME (51) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE 20M 4/B2

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. NO.	7894
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Geoff		McEli	ish	07/09/82	8:470
1	3 SE)	X	4 RACE	MONT	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
14		Male	White	Jar	1. 24, 1916	66 YRS	
7		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE	D W NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	10.61	Maryland ITY OR TOWN OF DEATH	USA	WIDOW		Baltimore	City MD
7	10. CI	OR TOWN OF DEATH		TAL, NURSING HOME (TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	
1		altimore AL RESIDENCE (IF NURSING HOME OF	John	Hopkins F	Hopkins	Bus Driver	Md. Transit
3	13a S	Md 13b. COU	NTY 13c. C	ITY OR TOWN Ltimore	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 5830 Clarks H	Hill Read
20	14 FA	Perry G. MeE	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME FIRST Wealthy	C. Buey	LAST
,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	()	res, no or unknown) (if yes, gi	ve war or dates) 2:	12 01 3432	Mary Elsie	McElfish Sa	ame
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		PART I. DEATH WAS CAUSE	TE CAUSE (a)	1cmmos b	ragic S	hock	6 hours
		4149	DUE TO, OR AS, A	CONSEQUENCE OF			3 1.
		Canditians, if any, which gave rise to immediate	((b) C	pastric	Stucss	ylecation	> aays
		cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			t wasie
			(c)A	theroscle		ovascular dismo	
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P.	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATIO		1000	S, WERE FINDINGS USED
al.	IFIC	June 8	Cormo	my asker	rocid in	IN CERTI	FYING CAUSES OF DEATH?
9	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	21c. HOW INJURY OCCURE		
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJ	URY TORY, OFFICE FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
	~	AT WORK AT WORK			76 63	4 1 0	67
		220.1 certify that (1) (this hasp		R	0 19 00	10 Dally of	19, that (1) (we) last
	1	saw the deceased alive an abave, (l) (we) (did) (did no	t view the body after d	eath.		death accurred on the date and ha	
no di	13	22b. SIGNATURE	A QO Was		DEGREE ATTENDING	MEDICAL STAFF_	22c. DATE SIGNED
27		22d. PHYSICIAN'S NAME (TYPE C	0.000(1)		PHYSICIAN [DIRECTOR PHYSICIAN	Traly
fi.		THE CONTRACT OF THE CONTRACT O	on chest()		THE ADDRESS		/
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	20.5	Burial	7/12/82	New Car	thedral Cem	Baltimore.	Maryland
	24 FU	JNERAL DIRECTOR		631 Falls		E REC'D. BY REGISTRAR 256 REGIS	TOR'S SIGNATURE
		Burgee Funer	cal Home	O)I Falls	Mead STETH JU	1 905 Chance	Harry money

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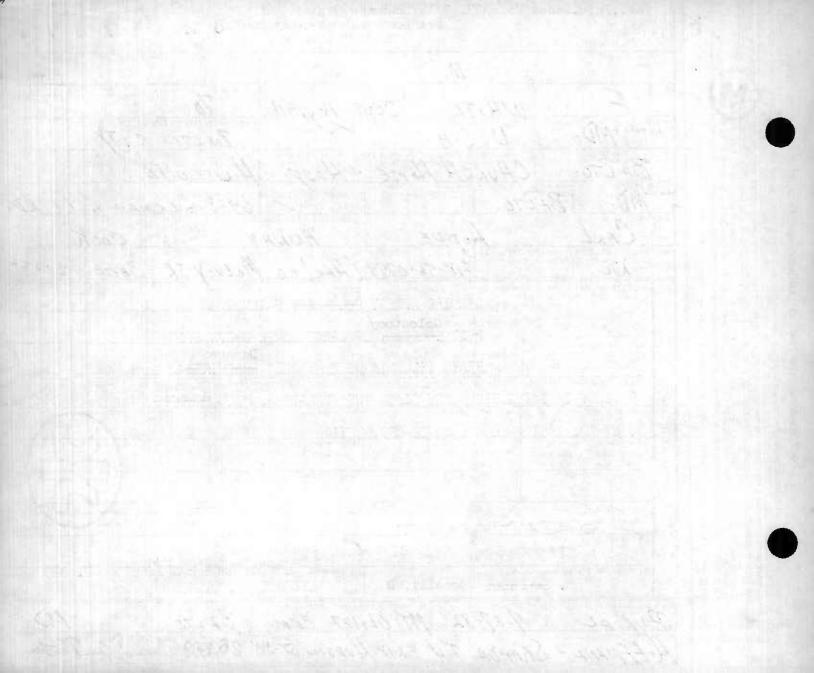
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16		Add.Info.Added FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	17895
6		CEASED NAME FIRST FOR PRINT) ALICE	MIDDLE M.	MCEVOY 5. DATE OF BIRTH	20 DATE OF DEATH MONTH JULY 6 AGE (IN YEARS LAST BIRTHDAY)	24 82 5:30aM
Can 1		RITHPLACE AND ON FOREIGN 76	WHITE CITIZEN OF WHAT COUNTRY?	SEPT. 16, 1911	76 P BALTIMORE CITY OR COUN	MONTHS DAYS MOURS MIN.
A Particular Section of the Section	30. C	ITY OR TOWN OF DEATH		MARRIED NEVER MARRIED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	BALTO . (MD.
4 49 8	USU	BALTO .	THE INSTITUTION GIVE RESIDENCE BEFOR	ME 4 HOSP,	HOUSEWIFE	INDUSTRY
and within 24 h	14. F.	MD. BAL	70. ISCULTORION	VN 13d. INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NO	16938 GERM	AN AILL RD
deal com	160	VAS DECEASED EVER IN U.S. ARME	HODDE	JRITY NO. 17 INFORMANT	ADDRESS	Cook
cate be exiting the system of the capers. Page to you! If the medical int, the medical interpretation is a system of the capers.	-	18 CAUSE OF DEATH (Enter only	2/8-56 -		Metroy St.	SAME · 2/22-
1000		435 MMEDIATE	CAUSE (0) <u>CARDIAC A</u> DUE TO, OR AS A CONSTDO	RREST PULMONARY FA		
NG PHYSICIAN: The law requires that the death certification that sentificate has been signed by the attending pass the burial-transit permit. Then please remove carbon to and Mental Hygiene prior to burial, cremation, or remarked ar Item 18 shows any injury, ar other traumatic even		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	TOMY OF LARGE BOWE ENCE OF HEMIA WITH HYPOXIC	Damage	
equires n signe Then pl to buri	NO			DEATH BUT NOT RELATED TO THE TERMINCE THE OPERATION		Diabetes Mellitus
he law rian. has been the prior tene prior tene prior	CERTIFICATION	JULY 20, 1982	LARGE BOWEL	OBSTRUCTION	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate rirol-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2)
offer this os the but thought orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	7 00	CITY OR TOWN	COUNTY STATE
ATTENDI or ospital or use d for use t. of Heal		obove, (I) (we) (did), did not)			to 1-24 death occurred on the date and h	
by the hose by the hose ERAL DIREC e detoched Stote Dept.		22b. SIGNATURE	balli-Pro	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL efoined by the TO FUNERAL should be detining the Store IMPORTANT.			PELLI Sompalli	,MD BALTIMOR	E MD. 21231	AL 100 N. BRUADWA
OOBP——	12	URIAL, CREMATION, REMOVAL OULIAL DEFRAL DIRECTOR	7-27-82 M	T. OLIVET CEM.	BHUTE	COUNTY MD.
DHMH - 16 50M 1/B1 (VRA 15, 4)	14	EFMANIN - S	KARDA F. DESS =	3218 HUDSON ST.	26 1982 Con	cas Lan Warthen



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-John McGarry 7 19 82 Harold 5 DATE OF BIRTH AGE IN YEARS IF UNDER I YR. 4 RACE IF UNDER 24 HRS 3 SEX DATE LAST SIRTHDAY) PRONOUNCED 6 54 YRS DEAD 2 male whi.te 1982 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY USA Indiana, Pa. WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY USF & G Claims Adj. Baltimore 6114 Walther Avenue 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS NO IX 1 Dutrow Ct. Apt 2A Baltimore Maryland Rosedale VID 2 S 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2 DIVISION OF WITA Jones McGarry, Dorothy John Harold Katherine Sr. 166 SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 235-40-0490 Martha J. McGarry, 1 Dutrow Ct. ves Apt. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ALONG W DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (0) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO X EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BE BALLIMORE, MARYLAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Self inflicted 719 82 CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE NOT WHILE Md. 6114 Waither Ave. Balto. home 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7/8/82 Deputy Chiefedical ExaminER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Westview Bal 7-12-82 Cremation Westview Mem 24 FUNERAL DIRECTOR **DHMH - 17** Lassahn Funeral Home, 7401 Belair Rd. (VR A15 ME (5)) 20M 4/B2

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- ege age .		FEMALE THPLACE (STATE OR FOREIGN		HITE	97	17 05		77 YR		
deoth. F	СО	MARY LAND	U.	S.A.	WIDOW		BALT	RECITY <u>OR</u> COUNTY INORE CI'.		
by the filled with		BALT IMORE	11. NAME OF	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET LUTHERAN	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK	OCCUPATION FOR MOST OF WORKIN EMAKER	G LIFE) 12b, KIND (INDUSTRY	OF BUSINESS (
24 hour	13a. ST.	RESIDENCE (IF NURSING HOME O ATE 136 COU	NTY	134 CITY OR TOW BALTIMON	/N	13d. INSIDE CITY LIMIT YES 🔀 NO 🗍		ADDRESS S. GILMON	OF CTDFF	т 2122
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ond co		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS		223
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NG PHYSICIAN: The law requirement of the physician in the risk certificate has been as on the build-inousity permit. The risk of Mental Hygiene prior to orked or Term 18 shows ony vilyal orked or Term 18 shows ony vilya	CERTIFICATION	90. DATE OF OPERATION	19b CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FINDII TIFYING CAUSES YES	
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Offernia offernia of this c the but ond Ma	9	WHILE NOT WHILE TO AT WORK		OF INJURY TREET, FACTORY, OFFICE, I		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDR philet or CTOR. At for use of of Health 21 s mo	2	20 I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	7/2	19	7/15	nd that in (my) (aur) april	, ta	an the date and h		that (I) (we) fo
7AL OR 3 V the hor CAL DIRECTOR deteched deteched deteched deteched deteched deteched deteched deteched deteched deteched deteched the hor ote Dept.		Deprond P	locon	m-	-	DEGREE ATTENDIN PHYSICIA		STAFF PHYSICIAN	22c. DATE	SIGNED 25.82
O HOSPII Trained by TO FUNE A the 5th	2	2d. PH SIGIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS	n Hospi	tail		
		RIAL, CREMATION, REMOVAL	236. DATE	23 ε. Ι	NAME OF C	EMETERY OR CREMATO	DRY 23d. LOCA		COUNTY	STATE
3 BP	В	URIAL	07-29	9-82	NEW (CATHEDRAL	BALT	IMORE CI	ry 1	MARYLAN
DHMH - 16 50M 1/81 (VRA 15, 4)		HERAL DIRECTOR NAME BBARD FUNERAL	HOME _ 1	INC. 4107	WILKI	21223	JUI 30	1982 Fran	ISTRAP'S SIGNAT	Weither

2/18/15			5.46	
CIVE A CEL				
		CILEULISIE		
	AIRCORE IN	JAMBUS		

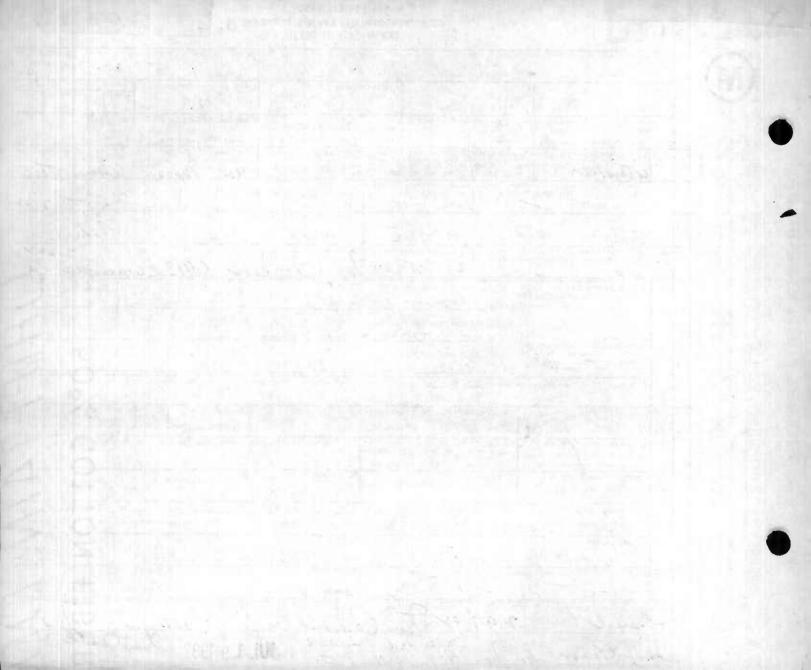
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10		
1. DECI	EASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	28.7 8.047)	John			McK	inley	July 20.	1982		1:450 M
3 SEX			RACE		5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
M	ALE	1.5.29	WHIT	F	JUN	e 20 1903	79	YRS.	MOINTINS	HOURS MIN
7a BIR	THPLACE (STATE	OR FOREIGN 1	L CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	OFDEATH	
M	ARYLAN	D	u.	SA	WIDOWI	DI DIVORCED	Baltimore	City		MD
10 CITY	Y OR TOWN OF			HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION OF WORKING LI		OF BUSINESS OR
	altimore			ryland Ge		Hospital	CAPTAIN		FIRE I	DEPTMEN
13a. ST	ATE	131 COUN	THER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			-1
14 5 4 7	MD.	ANNEL	RUNDEL	MASADENI	4	YES NO	201 W.	HAME	surg S	7.
14 FAI	HER'S NAME	M	IDDLE	EAST		15 MOTHER'S MAIDEN NA	MIDDLE		IA:	ST
14- 14/	AS DECEASED EN	OWN	NED FORCES?	In coordinates		UNKNO	ADDE	2500		
	S. NO OR UNKNOWN		WAR OR DATES)	16b SOCIAL SECU	RIIY NO.	17 INFORMANT	5 A1 1)	(E22	Sauce	1- 12)
-	No			220-12-2	1057	KATHRINEL	EHINCKINL	EY	SAME	
		ATH (Enter only H WAS CAUSED		line for (o), (b), one						MATE INTERVAL ONSET AND DEATH
	1629 IMMEDIATE CAUSE (o) Bronchiogenic Carcinoma								4 ye	ars
	Carabian a	1.1	DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if a	immediate	(b)_							
	underlying co	ouse lost	DUE TO, OI	r as a conseque	NCE OF					
1	PART 2. OTHER S	IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	ADITION GIV	FN IN PART 1/	0.
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									
CERTIFICATION	90 DATE OF OPE	RATION	196 CONDITION FOR WHICH OPERATI			N WAS PERFORMED	20a AUTOPSY?	UTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA		
E	- Y4						YES NO X	YE		NO [
	210, ACCIDENT WAS		216. TIME O		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 I	PART I OR PART 2)	
Į Š L	(IF EITHER NOTIFY A	AEDICAL EXAMINER)	Ρ.		19					
G 2	WHILE TO NOT		21e. PLACE (OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
A	AT WORK AT	WHILE WORK								
2		X (this hospito	1 7 6	e deceased from	82	2 19 82	toJuly_	20	19 <u>82</u> .	that 🗶 (we) lost
	obove. XI (we	e) (did) XXX()				nd that in (1967) (our) opinion	death accurred on the c	date and hou		
ľ	22b. SIGNATURE	2	4	. 7		DE GREE ATTENDING	MEDICAL STA	FF	22c DATE	
2	22d. PHYSICIAN'S	MANE COMPLETE	alke	is MI)	PHYSICIAN [DIRECTOR PHYSI	CIANXX	//	20/82
		mathers					1.0			
							nd General	Hospi	tal	
	IRIAL, CREMATIC	N, REMOVAL	7 23b DATE	2 1092 6	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		Nounty of	STAIN
24 FUN	DURINERAL DIRECTOR	46.	144 X3	11702 4	CHAR	HILL LEMETERY	E REC D. BY REGISTRAS	ENGE I	HOWEHING	walle M
R	NAME C	Roper	.4.4	50/0K1	TCHIE	HOUY. JU	2 6 1982	Many	- James	medito
110	PEKI Q.	STHKKIA!	V CO	SOVERN	AFAR	Kymer			1.572	

DHMH - 16 50M 1/B1 (VRA 15, 4)

Entitions Coryland Consent logalital Carrier French Sections Miss The Market British The X 401 W Handwell ST No - SEE KENNIEL ZUNKE VIEW - CON- PER SE manufactured to the second of THE THE PARTY OF T Mary Stations, N.C. Inglocal Igrams Santynell ava Lucus Lui Bille Cone Had Contrary Cher English that they then are Served Land of the served of t

8	1				E OF MARYLAND		7000
X	1-	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1011
	I DE	CEASED NAME FIRST	MIDDLE		LAST		DAY YEAR 2b. HOUR
()		OR PRINT)	m Henry	MC	NeaL	July 15.	1982 745 AM
(IA)	3. SE		4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5 8 5		Male	CAUCALIAN	5	5 1907	75 YRS.	
2 63		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
deoth funeral thin 72		1004 COND	USA	WIDOW		BOLTIMONE C	ITY MD.
i ke te	10.9	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	11	12a. USUAL OCCUPATION (TYPE OF WORK FOR TOPS TO F WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
S self	1	Allinore	SOUTH BALTIMO			tal Worker	Comco Teel
10 212 124 hours filled in rould be in	130. 5	AL RESIDENCE (IF NURSING HOME C TATE 136 COU	INTY 131 CITY OR	TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	STAGE 7/223
ie >4		THER'S NAME	9(80)	THE THE	15. MOTHER'S MAIDEN NA	7 7 7 7	ZINCET ZI
~ > 0 - E		Pency	MIDDLE M CAS	Jeac	ANNA	WIDDIE	UZELL
	160. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	INFORMANT	ADDRESS	,21222
BALTIMORE, cote be execu- ysicion and ci- ppers. Pages 1 vol.	((IF YES, GI	VE WAR OR DATES) 215	09 1004	Mrs L. Trek	leal 6913 Sp	mon Head Rd.
ALTI		18. CAUSE OF DEATH (Enter of	only one cause per line for (a), (b1, and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the ph			ATE CAUSE (a) Reserr	MOTORY	ALLEST		
he death certified of the death certified of the death certified of the death certified of the death of the d		20.51	DUE TO, OR AS A CONS	SEQUENCE OF			766
RESTON : death ce nove corb ortion, or froumotic		Conditions, if any, which		PC/ON!	of Hemonah	soce	
PRE de de motion motion retro		gave rise to immediate cause (a), stating the	(0)		1		
S se t		underlying couse lost.	DUE TO OR AS A CONS		18NOCYTIC - LE	UKEMIA-	
or riole		PART 2. OTHER SIGNIFICANT	12.			AINAL DISEASE OF CONDITION GI	VEN IN PART 1(a)
to bu	Z						
RECORDS, low requit by so been sig sermit. Ther we prior to b we sony injur	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	ON WAS PERFORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	E						ES NO
VITAL N: The hysicia hysicia hysicia hygie Hygie	1 %	210. ACCIDENT WAS UNDERLYING				RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2}
VOF VITA SICIAN: T ng physici eertificote riol-trons entol Hygi		OR CONTRIBUTING CAUSE OF DI		DAY YEAR			
HYSICIA Iding ph Inis certifi buriol-tr Mentol or frem	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION		COUNTY STATE
VISIN The strength of the condition of t	A A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
E G E	10		pital) attended the deceased i	from 7	- 6 19 87	-, to 7- 15	, 19.82 , that A (we) lost
F = 0 0 = 5			n 7 - 15 not) view the body after death.		nd that in (pm/) (aur) opinian	death accurred on the date and ha	ur and from the couses stated
OR AT OR AT DIRECT DORECT Sched fi Dept. of		22b. SIGNATURE	view the body after death.	\cap	DEGREE		22c. DATE SIGNED
		Janu g.	Iliam m.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-15-82
F 7 8 5 2 -	+	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	,	
TO MOSPITAL eroined by 11 TO FUNERAL should be detained the Store with the Store		JAMES T.	Heisler, M.D	1	3001 S. Ha	MNOVER BALTIM	one, MD
Sho sho	23o.	BURIAL, CREMATION, REMOVA		NAME OF	CEMETERY OR CREMATORY	734 LOCATION	COUNTY STATE
BP	-	ruel	7-19-1982	The 6	reliebred toes	Casterin	o. Jul.
2102 DHMH - 16 25M	247	UNERAL DIRECTOR	1 Bell	72.1	21223 250. DA	TE REC'D. BY REGISTRAR 251 1GIS	STRAFT SEIGNALUSE ZIE
(VR A 15 (4)) 9/74	14	lent. Gorage &	In he. 901	2/200	ET.	L 1 9 1982 Man	0



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME (SARAH) KNOWN X (TYPE OR PRINT) Sara McPhau 1 DEATH MATED 11 1982 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IE LINDER 24 HRS 2d HOUR LAST BIRTHDAY) PRONOUNCEPULY FEMALE NEGRO JUNE 1925 9:41 DEAD 78 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED - NEVER MARRIED CAROLINA U.S.A. WIDOWED TO DIVORCED [Baltimore City 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY HOMEMAKER Baltimore Bethel Street SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21231 13b COUNTY 13c BATTIMORE 13d. INSIDE CITY EIMITS? 13e STREET ADDRESS 377 SOUTH BETHEL ST. NO I 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE SÄRAH HINES MCLEAN JAMES 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT FORT BEESS, TEX 79916 (YES, NO, OR UNKNOWN) BLACK/3202 CHANDLER ST. NO 246-24-0906 ELOIS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Hypertensive Arteriosclerotic Cardiovascular Canditians, if any, which Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [21n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM FTC) CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection Natural causes XX death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-12-82 EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street TYPE OR PRINT 2 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Eastview Mem. Park Baltimore aryland MARSHALL W JONES, JR 4101 EDMONDSON AV **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND

Contact of the Contac

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR . DECEASED NAME KNOWN X 20 DATE MONTH (TYPE OR PRINT) ESTI-DEATH MATED Anthony 1982 Gregory Medlin DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. HE UNDER 24 HRS DATE 24 HOUR 09 LAST SIRTHDAY) PRONOUNCED DEAD 57 Male White 10 25 YRS 8 1982 а Ja BIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. WIDOWED DIVORCED Tennessee Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Atlantic Construction Baltimore University Hospita Cement Co. 3a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS COUNTY Baltimore Maryland Edgemere YES [3103 Lynch Road NO K 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST Clyde Medlin V. Potter Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 7223 Waldman Ave. DIVISION 215-76-8971 1973-1974 Kenneth E. Medlin-Balto., MD. 21219 Yes CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH ED AS A BURIAL-TRANSIT PERMITHEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED, 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 유한 ICATE, WRITING THE WORE FORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE UN THE STATE DEPARTMENT OF 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 12:18xx Driver in motorcycie/tractor trailer impact THE PLACE OF INJURY LATHOME IF LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYNAND, 21201 P WHILE AT WORK Baltimore Northpoint Blvd. street Edgemere Md. 220. I certify that I took charge of the remains described above, held an Autopsy death resulted from Homicide . Undetermined monner TITLE (SPECIFY) **ACTUAL** Babuty Chiefedical EXAMINER 7/8/82 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME ill Penn St. Balto., MD. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE 7/12/1982 Oak Lawn Burial Baltimore MD. 24 FUNERAL DIRECTOR Duda-Ruck LODE Inc. 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

87 grant in the later militation and less of significant SLOW REP BUILD

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND			
PARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	

DEF CERTIFICATE OF DEATH

	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 7 9 0 3 CERTIFICATE OF DEATH REG. NO.							3
	ECEASED NAME FIRST	/	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	_
	Edwar	d L	awrence	1	Meehan	July	y 18, 19	982	1-2-	541
3. SE		4. RACE		5 DATE O		6 AGE IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	I DI OFFICE TO	
	Male	W	hite	Marc	7, 1894 YEAR	88	YRS.	THS DAYS	HOURS	MIN.
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D MEVER MARRIED	9 BALTIMORE CITY O		DEATH		
	Maryland	U	U.S.A. WIDOWED DIVORCED			Baltimore City				M
10. C	ITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON	126 KIND	OF BUSINE	
Baltimore		5606	Tramore	Road	(Residence)	Comptrolle	er Ret	industry B&O	RR	
130. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo:	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5606 Tran	3 1111	ad	21214	1
4 F/	ATHER'S NAME	WIDDLE	LAST		IS MOTHER'S MAIDEN NAM	NE .				
	Henry		Meehan		Mary	Ann	1	McDon		
160 WAS DECEASED EVER IN U.S. ARMED		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE				
-	Yes Army WW					eehan 5606 Tramore Road 21214				
CERTIFICATION	PART 2 OTHER SIGNIFICANT			OPERATION WAS PERFORMED 200 AUTOPSY? 200. IN C.			20b. IF YES, W	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
R	a) Iconordania			- 28/4		YES NO NO	YES []	NO [
	21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.A	M. MONTH DA M.	Y YEAR						
_		21e. PLACE C	TE IN HIDY							TATE
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE F	ARM ETC)	. 21f. LOCATION STREET	CITY OR TOV	VΝ	COUNTY	SI	
MEDI	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp	(AT HOME STRI	EET, FACTORY, OFFICE F		STREET 19	, to			that (I) (w	
MEDICAL	WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hosp sow the deceased alive or above, (1) (wested told and in	(AT HOME STRI	deceased from		STREET	, to			that (I) (w	
MEDI	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive or	(AT HOME STRI	deceased from	, or	19	, to eoth occurred on the do	te and hour and		that (I) (w	
MEDI	WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hosp sow the deceased alive or above, (1) (wested told and in	(AT HOME STRI	deceased from	, or	19	, to eoth occurred on the do	te and hour and	d from the	that (I) (w	
MEDI	WHILE AT WORK AT WORK 220.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we think the did not see that the control of t	(AT HOME STRI	deceased from	, or	DEGREE ATTENDING PHYSICIAN	, to eath occurred on the do MEDICAL STAF DIRECTOR PHYSIC	, 19_ te and hour and	d from the	that (I) (w couses sta	

DHMH - 16 50M 1/B1 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

June 1 trangers (some Altre) Sand Provers 3003 - overslied Arth Charles of the Control of the C De Committee de la Committee d r service pages and a mace to South the fall a february natify toll Lechero F. Edg. Jac. Helishners, Mary Mrs. - 1

STATE OF MARYLAND

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FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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		REGISTRAR			CERTIF	ICATE OF	ZEAIN	REG. NO.				
		CEASED NAME FIRS	1	MIDDLE	L	AST		20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
	[TYPE	E OR PRINT)	WARD	E.	M	EEKS	25	7	15/8	2	11:30Pm	
	3. SEX	X	4 RACE		5. DATE C		-	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Male	Whi	te	5	6 DAY	1896	86	YRS.	ONTHS DAYS	HOURS MIN.	
1		IRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	AADDIED [9. BALTIMORE CITY C	R COUNTY	OF DEATH		
pt.	Geo	orgia	U.S.A	-	WIDOWE	DI DI	VORCED 🗌		MD.			
6	Ва	ity or town of death altimore	Lut	HOSPITAL, NURSIN CHEACILITY, GIVE STREET heran Hos	pital	OR OTHER INS	TITUTION	120 USUAL OCCUPATION 120 KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOTel				
5	13a. S Ma	aryland	THE OR OTHER INSTITUTION	136. CITY OR TOW Baltimo	'N	13d. INSIDE C	NO 🗆	13e STREET ADDRESS 5220 Tork	Road	2121	2	
77	14. FA	14. FATHER'S NAME UNKNOWN LAST IS MOTHER'S MAIDEN NAME FIRST Ida									hn	
h	16a V	WAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMA		ADDR	ESS		77-1	
-	_	YES, NO OR UNKNOWN) (IF Y	es, one war or pares;	Unavalia	ble	Helen	Bassler	8423 Bay	Road	2112	2 CIMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS C. 23 9 4 IMM Conditions, if ony, whis gave rise to immedia couse (a), stating It underlying couse loss PART 2. OTHER SIGNIFICA	DUE TO, C	DR AS A CONSEQUI	rome	of	- Blo blad	eding de ldes	atheri	A IN PART I		
4	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH			AL SANS	200 AUTOPSY?	20b. IF YES,	, WERE FINDINGS USED		
_	TIFIC							YES NO	IN CERTIFY YES	TING CAUSES	NO [
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.	OF DEATH HOUR A	DE INJURY M. MONTH D. M. OF INJURY	AY YEAR 19	21c. HOW IN		ED (ENTER NATURE OF INJU	1.46	3311		
	ME	WHILE NOT WHILE C	[AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (1) (his sow the deceased all above (1) (we) (did) (c	ve an	7-5 19	82,0	o-1	2, 19 8 (our) opinion d	eath occurred an the d	Z=5_, 1 ate and hour		that (1) (we) last couses stated	
		27b. SIGNATURE	d) ?	wym	8	(V)		MEDICAL STA		7-	SIGNED 5-72	
1		Edmuni	DO DY	14. 10	N	21e. ADDRES	uther	in Hos	P			
		BURIAL, CREMATION, REMO				EMETERY OR		23d. LOCATION		COUNTY	STATE	
		Burial	7/8/	82 Mo	reland	d Memor	ial Pk.	Hillenda	_	altimo	re Md.	
		UNERAL DIRECTOR		ADDRESS		21229	25a. DATE	REC'DERY REGISTRAN	250. REGIST	ANSSIGN	le Then	
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DHMH-16 30M 2/80 (VRA 15, 4) with the first on the state of the post of the post of the state of th NUL Superior Cont. Sec. Income Section 1981

18		item 8 #G5 FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG	. NO.	7 9	0 6
nay be page 3		OR PRINT)	ober		MIDDLE	ME	LETTE	20 DATE OF DEATH	07:	2082	625pm
The state of the s	3. SE	Hale		Blac	K	S. DATE C	DAY YEAR GG	6. AGE (IN YEARS LAST	BIRTHDAY) YRS		HOURS MIN
VI 17		SIC.	IGN 7b.	CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY	OR COUNTY	OF DEATH	MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. CI	ALTI MOYE	11.		HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO			BUSINESS OR
AND 212 24 hour filled in rould be t	13a. S	AL RESIDENCE HE NURSING	HOME OR OTH	ER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	Violet	000.	
MARYLA muthin ted within ompletely cond 2 sh	14. FA	Prentis	MIDD	HE	Mellet		15. MOTHER'S MAIDEN N ASZLIE	AME MIDDLE		Howa	nd
TIMORE, be execut on and co		VAS DECEASED EVER IN ES, NO OR UNKNOWN)	U.S. ARME[FYES, GIVE WAI		166 SOCIAL SECT	9645	17. INFORMANT ROSA Lee (1 .	2501	Violet	aus.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. The this certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. The property of the property of the property of the medical examiner must be in a correct or the medical examiner must be in the property.	NO	Conditions, if any, we gave rise to immed cause (a), stating underlying cause	MEDIATE C	Y. AUSE (a) DUE TO, O (b) DUE TO, OI	CARDU R AS A CONSEQU R AS A CONSEQU	FINCE OF	ARREST	MINAL DISEASE OR CO	ONDITION GIV		ATE INTERVAL SET AND DEATH
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SION OF VITAI PHYSICIAN: The ending physicion this certificote in burnol-tronsit ad Mental Hygie don tem 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	Ρ.,	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF II	VJURY IN ITEM 18, P	PART I OR PART 2)	
NG PHY: ottendir ther this os the but th and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR	nwor	COUNTY	STATE
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DHMH - 16 50M 7/77 (VR A 15 (4))	24. FU	NERAL DIRECTOR WM C March	F/H	1	.101 E. N	orth A	ave. JUL	22 1982	AR 256. REGIST	RAR'S SIGNATUR	ľΕ

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DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical exponent must be

	1.	FOR - STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND EALTH AND MENT CATE OF DEAT			1 7	7 9	0 7
	3 SE	CEASED NAME FIRST ROOM NOA!	h RACE NEG	O.	ME S. DATE O MONTH	DAY Y		REG. N. DATE OF DEATH AGE (IN YEARS LACE RI	MONTH DA	Y YEAR / 82	26 HOUR S S MM IF UNDER 24 HRS HOURS MIN.
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2		WAS DECEASED EVER IN U.S., YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	219-01-	2266	W, fe	303	Cherry 1	-	len B	irnem).
	NO	18. CAUSE OF DEATH Enter PART I. DEATH WAS CAU 4275 IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN	SED BY: ATE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQU	- respondence of	Ditatory NOT RELATED TO TH	atte	I DISEASE OR CON	DITION GIVEN	32/	Mare INTERVAL Missi and Death Michaeles
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	24. FU	BURIAL, CREMATION, REMOVA ISPECIFY BULLET UNERAL DIRECTOR NAME C. Mary		182 M	1d. V	METERY OR CREMA 2 teren (ATORY 25a. DATE RE		suilla	REGIGNATI	Mo Wather

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6500 YORK RD. 21212

FOR

(VRA 15, 4)

MITCHELL-WIEDEFELD HOME

STATE OF MARYLAND

26 HOUR

17b. KIND OF BUSINESS OR

Apt. 2403

POCIUS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

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22c DATE SIGNED

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Walter Brooks Bradley Inc., Dundalk, Md. 21222

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO

REGISTRAR 25b. REGISTRAR'S



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12	item 6 #G570 8/9		E OF MARYLAND	0 0	17010
17	- STATE REGISTRAR		IEALTH AND MENTAL HY		1 / 7 1 4
G	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	NTH DAY YEAR 26 HOUR
y be	ELIZABET	TH MET	rz	07	30 1982 8:06MP
E .	3. SEX	4. RACE 5. DATE	SF BIRTH	6 AGE IN YEARS LAST BIRTHD	AY) IF UNDER - YEAR IF UNDER 24. (R)
- 30 G	Female	Black 8	15 1900	81 82	YRS DAYS HOURS MIN.
d	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA. WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMOR	
P 4 4+	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		12a USUAL OCCUPATION	
to \$ \$3	BALTIMORE	THE JOHNS HOPKIN	IS HOSDIMAT	(TYPE OF WORK FOR MOST OF WO	
212 hours	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)			
ND 24 F	Maryland 13b. COU	Baltimore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1.5
YLA thin thin thin iner	14. FATHER'S NAME		15 MOTHER'S MAIDEN NA	1709 N. Wo	Ife Street
d was	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
con s l con	Gary 160 WAS DECEASED EVER IN U.S. AF	Lowman RMED FORCES? 166 SOCIAL SECURITY NO.	Delia 17 INFORMANT	ADDRESS	
MORE e executor ond or Poges	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			
ALTIN	No	N/A	James Lown	man 1709 N.	
BA Person	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).	- · · · +		SETWEEN ONSET AND DEATH
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SE LA Landing	Conditions, if ony, which gove rise to immediate	(b) pulmon	ary embo	lus	hours.
م الم المؤلفة	couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE OF	U,	0 10	3
of the state of the or of		(0)	trood sur	failure	clays
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAD The low-less fruithous death certificate be executed within 24 hours of thending physicion. Were this certificate has been signed by the premaining physicion and completely filled in bos the buriol-transit permaining physician and completely filled in the ord Memol Hygiene prior to buriol, cremation, or removal. In and Memol Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examinermusts be	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DIŜEASE OR CONDITI	ON GIVEN IN PART 110
NO. STATE OF THE PARTY OF THE P	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	NIWAS DEDSODATED	Las Autopoya Tea	
L REC	SHIP DATE OF OPERATION	CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
VITAL The	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Late How is the second	YES NO	YES NO
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PHY end this he by he by dor dor	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIV Notes	WHILE NOT WHILE AT WORK				
Neolo o o o o o o o o o o o o o o o o o o	22a I certify that (I) (this hosp	ital) ottended the deceosed from tuly	29 1982	_ to July	30, 19 82, that (1) (we) lost
CTC	sow the deceased alive on above, (I) (we) (did) (did no	8:06 pm July 30/82 or	d that in (my) (our) opinion	deoth occurred on the date of	and hour and from the causes stated
OR he ho	22b SIGNATURE		DEGREE		22c. DATE SIGNED
te et a	Mary	E. Sunday, M.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	July 30 82
d b NER De St	22d. PHYSICIAN'S NAME (THE		22e ADDRESS		2
TO HOSPIT retained by TO FUNER should be di with the Sto	M. S	PAGNU	JOKN	no Hoppin	o Hospital
5 € 5 € 3 ₹	23a BURIAL, CREMATION, REMOVAL	23b DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
SO/BP	BURIAL		Cemetery	Columbia	COUNTY
DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR			E REC'D. BY REGISTRAR 25b	REGISTRAR'S SIGNATOR
(VRA 15, 4)	Wm. C. March 1	F/H 1101 E. North			sinces Jean laure

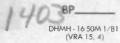
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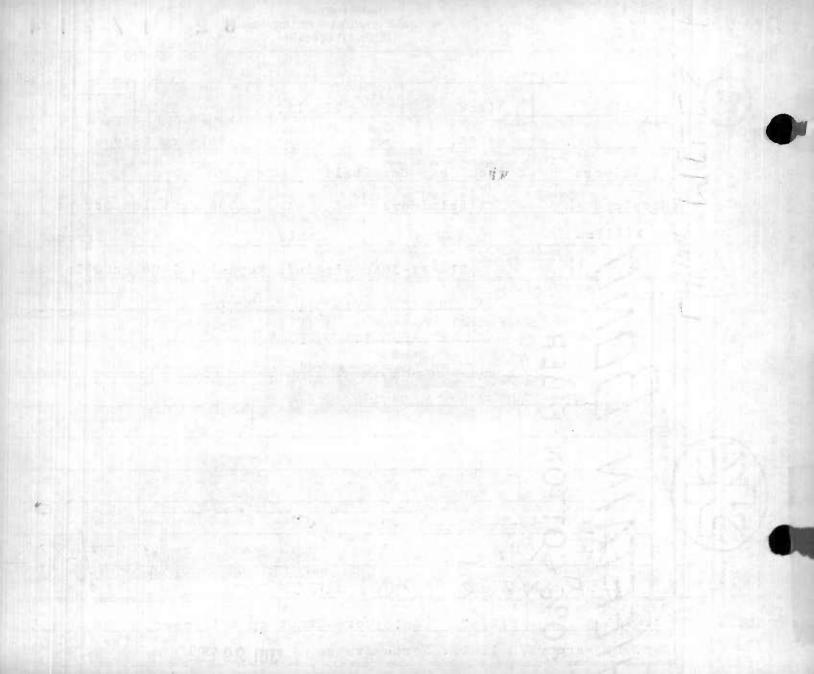
	STATE OF MARY
FOR	DED ADTMENT OF HEALTH AND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

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		REGISTRAR			CERTIFICA	ALL OF DEAL	**	REG. 1	VO.			
		CEASED NAME FIR	RST A	AIDDLE	LAST		T	20 DATE OF DEATH	MONTH	DAY	YE AR	2h HOUR
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	3 SE		4. RACE		5. DATE OF B	RTH		6. AGE (IN YEARS LAST B			ER 1 YE AR	IF UNDER 24 HRS
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4		RTHPLACE (STATE OR FOREIC	Th CITIZEN OF	WHAT COUNTRY?	8	NEVER MARR	ED []	BALTIMORE CITY			EATH	
¥		N. C.	US	SA.	WIDOWED			Baltimo	re C	ity		MD.
4	HE.C.	TY OR TOWN OF DEATH		OSPITAL, NURSING		THER INSTITUT	ION	12a USUAL OCCUPA	TION		KIND O	F BUSINESS OR
>		altimore	Churchel	Home H	lospit	al		(TIPE OF WORK FOR MOST	OF WORKING	LIFE) IIV	DUSTRI	
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-	14 FA	THER'S NAME	MIDDLE	LAST	15	MOTHER'S MAI		E MIDDLE			LAS	
S		William		Obey		Rox	ie					ong
5		VAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO. 17	INFORMANT		ADDI	RESS			
=		No		214-22-	3668	Virgin	ia R	eynolds	1904	Mc	Cu 1 1	oh St.
		18 CAUSE OF DEATH (Er	nter only one couse per	line for (a), (b), and	(C1.1				7.		APPROXI	MATE INTERVAL
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			the DUE TO, OF	AS A CONSEQUE	NCE OF							
П	35	underlying cause lo	ost. (tcAR	TERIOSCLE	ROTIC (CARDIOVA	SCUL	AR DISEASE				
7	z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO D	EATH BUT NO	T RELATED TO T	HE TERMIN	NAL DISEASE OR CO	VDITION G	IVEN IN	PART 10	31
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0	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATION W	AS PERFORMED		200 AUTOPSY?	IN CERT	TIFYING	CAUSES	OF DEATH?
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1		OR CONTRIBUTING CAUSE	110110 1	M. MONTH DA		(. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	B. PART I OF	PART 2}	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	(AMINER) P./		19	I. LOCATION						
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	1	Met	VIINY		MI	ATTEN PHYSI		MEDICAL STA		-	7/	28/4
		22d PHYSICIAN'S NAME	Type OR PRINTY		22	ADDRESS CH	URCH	HOME HOSP		100	N. B	ROADWAY
		AHMED/F,	NOURME MD	e M	1)	BALTIMO	RE MA	ARYLAND 21		100	W. / D	KUMDWAT
		URIAL, CREMATION, REM	OVAL 23b. DATE	23c N.	AME OF CEME	TERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN				
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		JNERAL DIRECTOR	/	ADDRESS			250 DATE			STRATE'S	SIGNA	W-then
	W	m. Marc. Marc	h F/H 11(IE. Nor	th Av	enue	311	29 1982	Care	60	. Been	MUNICE





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FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT

Male

Baltimore

O. BIRTHPLACE ISTATE OF FOREIGN

North Carolina

ID CITY OR TOWN OF DEATH

3 SEX

Edward

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE

Powe

White

USA

NAME OF HOS 318

Hol

76 CITIZEN OF WHA

4 RACE

DEPARTM	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	1	7	9	1	6
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11	N	linnish	Ju	1y 31	, 19	982	6	P.M.
	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	(YAOH)	IF UNDE		IF UNDER	MIN.
T COUNTRY?	8	D NEVER MARRIED	Baltimore city o	R COUNT		ATH		MD.
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Minnis	h	Minnie			-	Hick	S	
SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS				MD

Maryland 4 FATHER'S NAME Baxter James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 238-16-2906 Lorene Briggs, 13 Greenway Rd., Glen Burnie APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10 Muns DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse ia, stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21m ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an abave, (I) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Crownsville Veterans

DHMH - 16 50M 1/B1 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD

236 DATE

Aug. 3,1982

Silvino B. Muneses M. D.

23a BURIAL CREMATION, REMOVAL

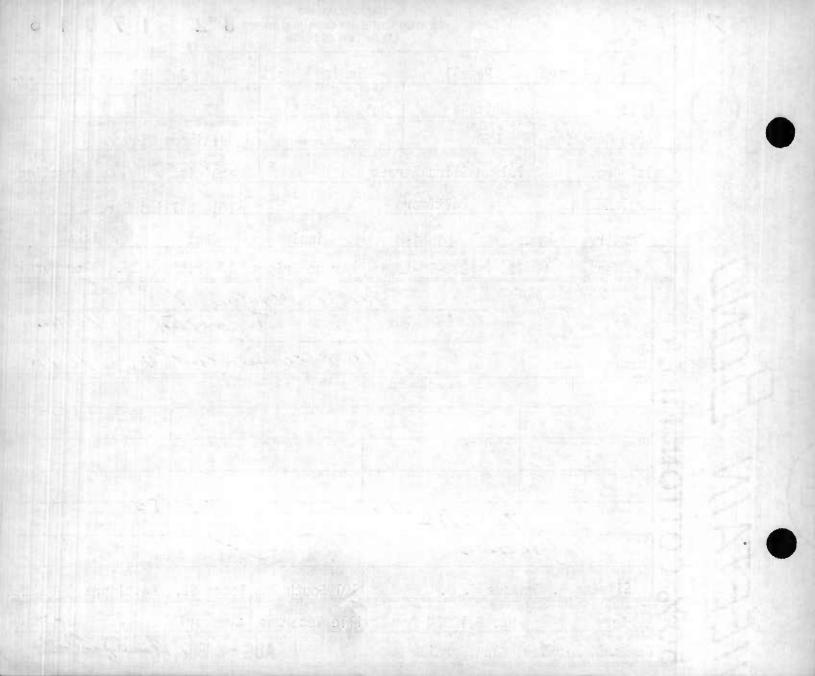
Burial

Crownsville

101 South Poppleton St., Baltimore, MD 21201

AAUNTY

Maryland



Balto., Md.

FOR STATE

(VRA 15, 4)

Anatomy Board

REGISTRAR

STATE OF MARYLAND

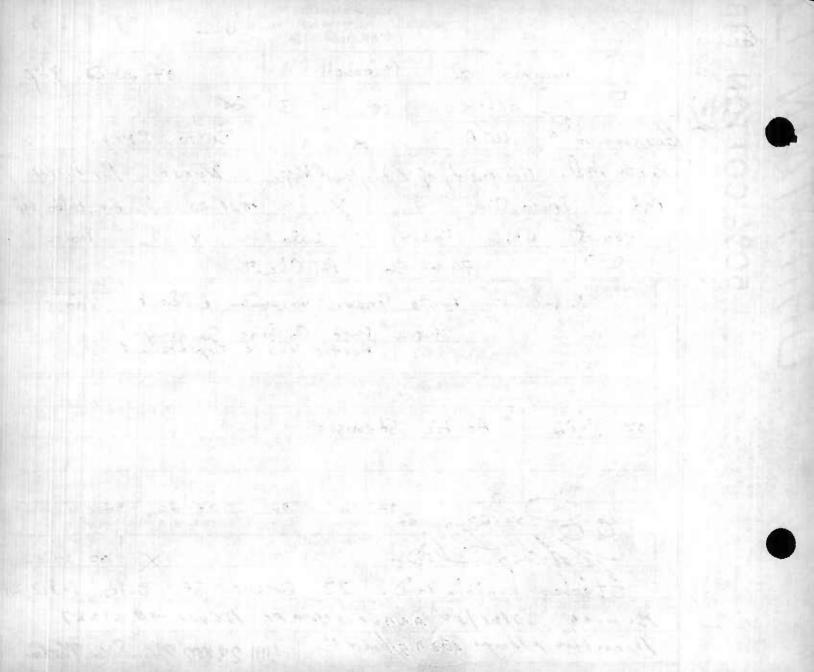
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

REG. NO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Virginia M. take! 20-8 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY 68 (STATE OR FO WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DAKERVILL BALTO. WIDOWER DIVORCED [II. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR NURSE BALTO 130 CITY OR TOWN 13e STREET ADDRESS 1821 Edmondson 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kaune 1 H.N 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR (NKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Cardiac Conditions, if ony, which gove rise to immediate Aprotic Valve couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 07-15-8 2120NG NO YES [NO [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STREET COUNTY NOT WHILE The certify that if (this haspital attended the deceased from_ 07-20 07-20 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776 SIGNATUR DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be with the Greeno uncoln 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BIYOR IEWY V Buning ANDUFUS MAMPR DHMH - 16 50M 1/B1 (VRA 15, 4) panea



	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE	2 REG, NO.	7 9	19
oy be		CEASED NAME FIRST	MIDDLE K	MODE	7/	27/12	DAY YEAR	26 HOUR S
20ge 4 m		IRTHPLACE (STATE OR FOREIGN	W		YEAR YU	(IN YEARS LAST BIRTHDAY) YRS		R IF UNDER 24 HRS
death. R	1	COUNTRY) LITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUN	MARRIED NEVER MAR	RIED 3	MORE CITY OR COUN	ci.	
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in 24 ho	13a.	AL RESIDENCE (IF NURSING HOME STATE	NTY 13c. CITY OR	TOWN 13d INSIDE CITY L	D K	D & BOX	191 -	18
ted with		ATHER'S NAME FIRST WILLIAM		FIRST	LA	MIDDLE	HOR	150 N
be execu		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (# YES GI	IVE WAR OR DATEST	SECURITY NO. 17 INFORMANT	MODICA	ADDRESS A RECO.		
certificate ng physicie ban poper: removal.		PARTI. DEATH WAS CAUSE	nly ane cause per line for (a), (b ED BY. ITE CAUSE (o) 5 CM				APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
es that the death ce ted by the attending please remave corb viral, cremation, ar is, ar ather traumotic	×	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSI	ab lominal	9 bsers		7	wks
The for required to the signature of the property of the prope	CERTIFICATION	My 45 I heal A	ONDITIONS CONTRIBUTING	5 HOURS PERFORME	und cal	UTOPSY? 20b, IF Y	ES, WERE FIND	INGS USED
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OR ATTENION PROPERTY OF THE PR		saw the diceased glive or	ati view the body fifter death	DEGREE		urred an the date and he		e causes stated
HOSPITAL CHIEC by the TUNERAL E CHICAGO STANT IF	1	224 PHYSICIAN'S PLAME THE	of mo	ATTEM PHYS 22e. ADDRESS	NDING MEDIC SICIAN DIRECT	AL STAFF OR PHYSICIAN	7/2	1/82
Of Other Day	23a.	TAMES M BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREM		1405PVA	COUNTY	STATE
BP DHMH - 16 50M 1/81	24 F	(SPECIFY) Burial UNERAL DIRECTOR	July 31-84	Bloomery	250 DATE REC'D. E	eddralsburg	Car.	Md.
(VRA 1S, 4)	8	dra Willia	men Fee	Corolching md.	AUG 2	1982 Marc	as Jan	Parther

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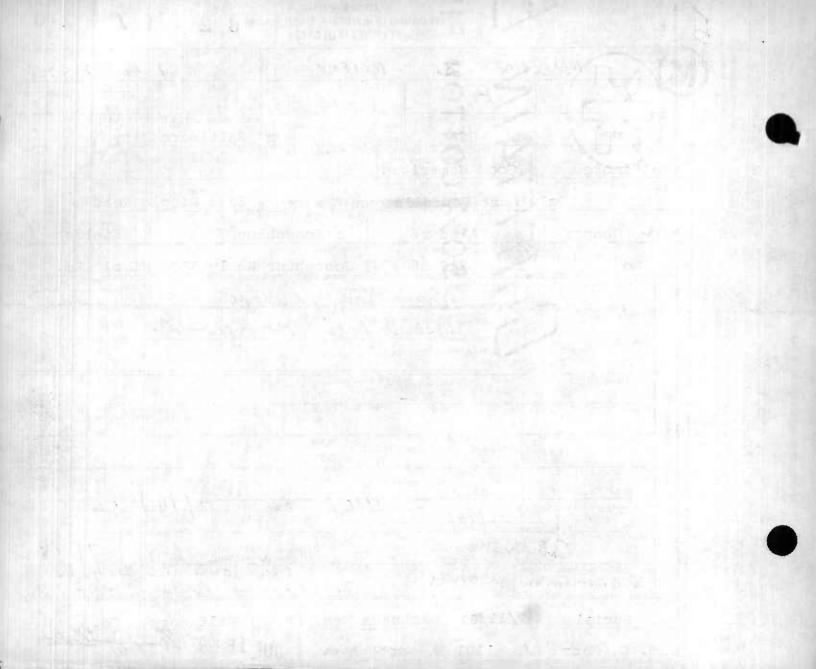
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTI	TEATE OF PEATIT	REG. NO	D	
A	PECEASED NAME FIRS	DELINE MIDDLE	5. M	OLEAN.	20 DATE OF DEATH	7 14 198:	26. HOUR 2- 9-2.2-PM
7	F	A RACE B.	5. DATE (6 AGE TIN YEARS LAST BIRT	MONTHS DAY	
1	SIRTHPLACE (STATE OR FOREIGH COUNTRY) MD	USA	A MARRIE WIDOWE		9 BALTIMORE CITY O Baltimor	r COUNTY OF DEATH	MD
2 1	Baltimore	Good Sa	amaritan	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O		OF BUSINESS OR
	MD B		ITY OR TOWN	nes 🖾 Nox		ople Road	
0	FATHER'S NAME FIRST George		sdorf_	Josephi	ne	Fie	lds
2 "	(WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	OCIAL SECURITY NO. 12-36-479.	Josephine	Kelly 333	86 Ripple	Rd.
, otto	Conditions, if ony, white gove rise to immedia couse to stating it underlying couse los PART 2 OTHER SIGNIFICATION DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	ch (b) (b) (te che che che che che che che che che ch	CONSEQUENCE OF CONSEQUENCE OF BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN PART	
	21g ACCIDENT WAS UNDERLYIN		100		YES NO	IN CERTIFYING CAUSI	ES OF DEATH?
20 1	TIG ACCIDENT WAS UNDERTRINE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR A.M. A AMINER) P.M. 218 PLACE OF INJ	MONTH DAY YEAR	21f. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR		51A18
	spw the deceased of above, (I) (we) (did) (e	hospital) offended the disco is an id not wew the body after a	leath 19 11 , or	d that in (my) (our) opinion de	eoth occurred on the do	te and hour and from th	
	22b. SIGNATURE	Their			MEDICAL STAF	F 7	114/82
	SUBRAMA	TYPE OR PRINT) SIRINIV	彻	50/ Lock you	ven Balo	1	21235
23	BURIAL, CREMATION, REMO (SPECIFY) Burial	236 DATE 7/19/82		EMETERY OR CREMATORY S Mem. Pk.	23d LOCATION CITY OR TOWN Baltimo	ore Co.	STATE MD
2.4	FUNIFOAL DIDECTOR			24		7 A	F. FR. Labor S.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE

Wm. C. March F/H 1101 E. North Ave. JUL 16 1982



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

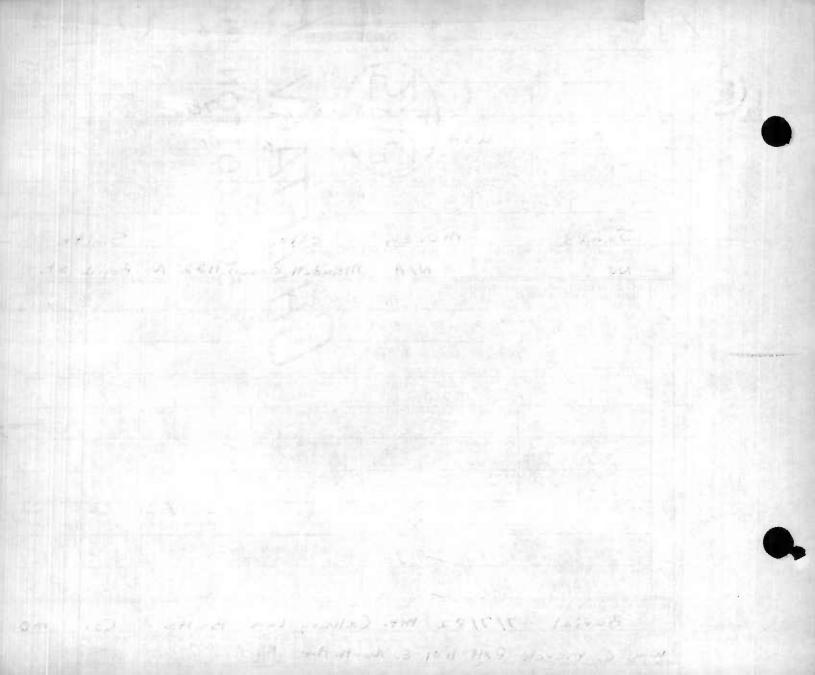
STATE OF MARYLAND	ŧ	-	13	1	
PARTMENT OF HEALTH AND MENTAL HYGIENE	2		4	6	
CERTIFICATE OF DEATH				577	

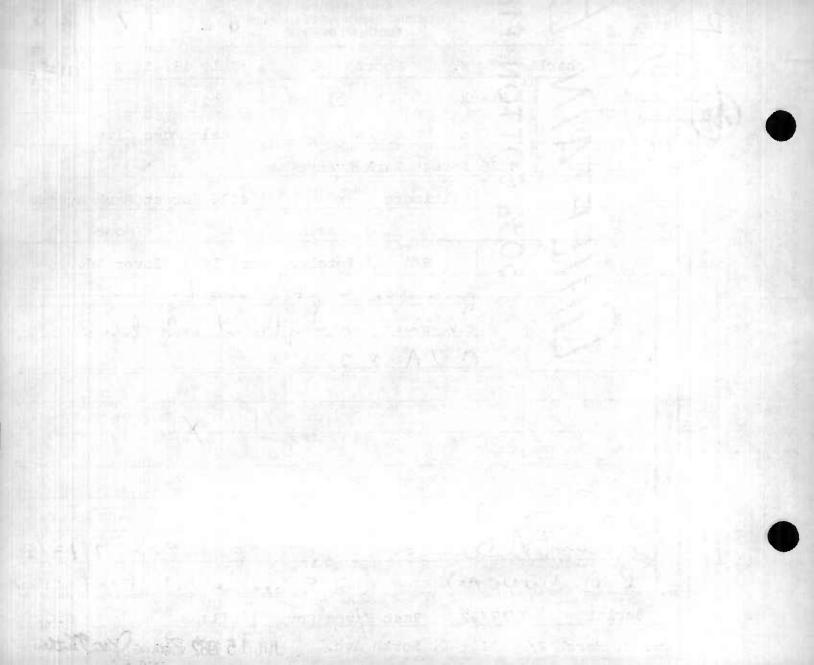
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FRANCIS JOSEPH MONGHAM 3. SEX MARCE White S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (INYEARS LAST BIRTHDAY) WHAT COUNTRY? MARRIED NEVER MARRIED PENNSY VALIA 10. CITYON OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) LOUNTY DESTINATION 13. CITYON TOWN 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	IS NO OF BUSINESS OR INDUSTRY Self Employee 21228
3 SEX MALE White S. DATE OF BIRTH MONTH DAY YEAR 3 18 6 AGE (INVEARS LAST BIRTHDAY) PENSYLVANIA 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED PENSYLVANIA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) DATE OF BIRTH MODULE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) ACTURED 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF ACTURED 130. STATE 130. STATE 131. CITY OR TOWN 132. CITY OR TOWN 133. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS 14 FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	HOUDER 1 YEAR HE UNDER 24 HRS MONTHS DATS HOURS MIN. Y OF DEATH I LY MD. 12b. KIND OF BUSINESS OR INDUSTRY SCI (CMPIQUE 21228
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The citizen of what country The citizen of citize	Ity MD. IZB. KIND OF BUSINESS OR INDUSTRY SCI (Employe) 21228
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Baries
VES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	
Yes WW2 181-10-8712 Mrs. Francis J. Monahen Same	e as # 13
18 CAUSE OF DEATH. Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Pulmonary embolism	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, il ony, which (1) tollmains Swantz - Ganz removal	
gove rise to immediate cause (a), stating the DUFTO OR AS A CONSEQUENCE OF	
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190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 LIFYES IN CERTIFY YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TERM 18 P.	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 200. IF YES IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
YES NO NO NE	
	PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	
27a.1 certify that (1) (this haspital) attended the deceased from 7 1 1982 to 7113	19_ <u>\$</u> 2, that (1) (we) lost
sow the deceased alive on 1113 19 82, and that in (my) (our) opinion death occurred on the date and hour above, (I) (we) (did) (did not view the body after death.	ir and from the couses stated
27b. SIGNATURE DEGREE	27c. DATE SIGNED
Bedin Howard M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIR	7/13/82
270 PHYSICIAN'S NAME YIPE OR PRINTI	
BEDRI M YOUSIF Ellicott city Md 2104	
23a BURIAL, CREMATION, REMOVAL 173b, DATE 123t, NAME OF CEMETERY OR CREMATORY 173d LOCATION	
Burial 7/16/82 Woodlawn Cemetery Woodlawn	COUNTY STATE
24 FUNERAL DIRECTOR WITZKE P.A. ADDRESS 250 DATE REC'D. BY REGISTRAR 250. BEGISTE	

DHMH - 16 50M 1/81 (VRA 15, 4)

so med norman a manufacture as management to the second A C BRESING 1933 Secondary Avenue, Categoritis, in. 21228 JUL 15 1982 Filmer Wall Restaur

1	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 7 9 2 2 CERT IFICATE OF DEATH REG. NO.							
1		CEASED NAME FIRST WILL	IAM MIDDLE	MO	Y40	2a DAT		AONTH DAY	SA SEAR	26 HOUR
麗)	1. SE		4 RACE	5. DATE OF B	BIRTH PAY YEA		IN YEARS LAST BIRTH	(DAY) IF U		IF UNDER 2
n		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8	15 1	P BALTI	MORE CITY OR	YRS COUNTY OF	DEATH	
1//		5, C.	USA	WIDOWED		D 🐼	BALTO	. CITY		
31	R	AUMORE	11. NAME OF HOSPITAL, NU JIF NOT INSUCH FACILITY, GIVES HERCY HOS	SPITAL	THER INSTITUTIO		JAL OCCUPATIO WORK FOR MOST OF 1		126 KIND OF INDUSTRY	BUSINE
185	USU Ille.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE E ITY 13c. STY OR BACK	TOWN 130	INSIDECITY LIM		EET ADDRESS /	NSQ C	GHTS	T.
201	14. FA	THER'S NAME	MIDDLE LAST	15	MOTHER'S MAID	ENNAME	WIDDLE	1000 C	LAST	
000		VAS DECEASED EVER IN U.S. AR.			INFORMANT	۵_	ADDRES	S	>mit	h
Poges	- (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	JA n	naudell	Bacon	1122	N. B.	Lnc	5+
an please remove corb barrel, cremation, or r	7	Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last		EOUENCE OF	OT RELATED TO TH	E TERMINAL DISI	ease or condi	ITION GIVEN I	IN PART 1 a	
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19	HECAT	19a, DATE OF OPERATION	The Condition Fox Wi					IN CERTIFYING	G CAUSES C	
rial-transit permit. It ental Hygierie priori Bern 18 shaws any in	ICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	Ic. HOW INJURY C	YES [] NO[]	IN CERTIFYING	G CAUSES C	
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hould be detrocked for use or the burnof-transit germin. It is the Store Dept. at Health and Mental Hygierie priority PORTANT, if them 21 is marked or term 18 shows proying		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospit sow the deceosed alive an above, (1) (we) (did) (did not above, (1) (we) (did) (did) (did) (did) (did not above, (1) (we) (did)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY AI HOME STREET FACTORY OFF	DAY YEAR 19 21 FICE FARM. ETC.) OM 19 Ond the DECO MO DECO	f. LOCATION STREET . 19 hat in (my) (our) o	YES [OCCURRED (ENTE Pinion death occ	CITY OR TOWN	YES IN ITEM 18 PART 1	G CAUSES C	NO





1630 Edmondson Avenue, CatonsVIlle, Md. 21228

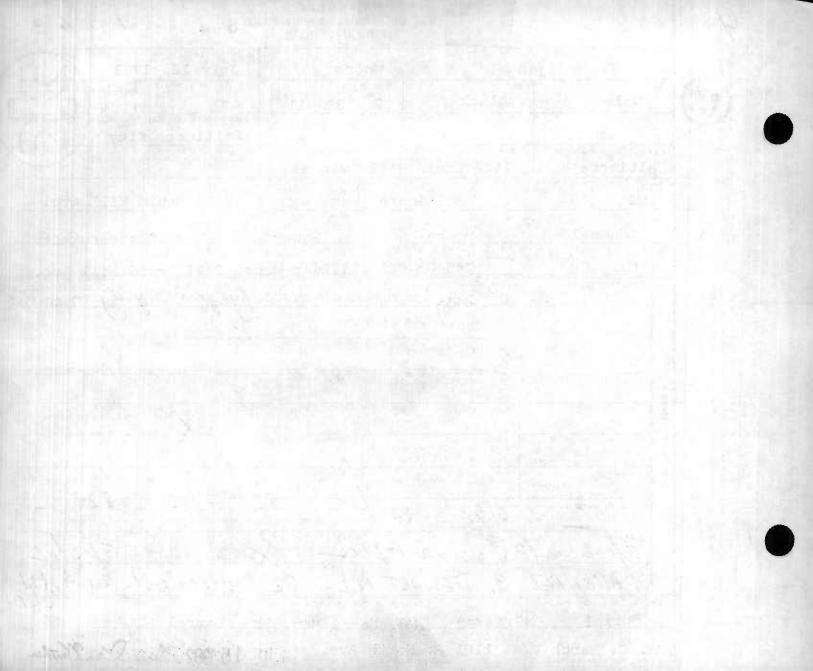
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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March F/H



	FOR			DEPARTM		E OF MARYLAND EALTH AND MENTAL I	HYGIENE 🔉	9	179	2 6
. /	- STATE REGISTR	AR LAURS	n Li	100		ICATE OF DEATH	0	REG, NO.		
	1. DECEASED N. (TYPE OR PRINT)	AME FIRST	GIRL	DIE		OORE		Y 9, 1		26 HOUR 2:40AM
poge r d	3. SEX	21121	4 RACE		5. DATE C			EARS LAST BIRTHDAY)		IF UNDER 24 HRS
tor, I	Fama		WHITS		MONTH	DAY YEAR	1000		MONTHS DAYS	HOURS MIN.
al That	BIRTHPLACE		76 CITIZEN OF WH	AT COUNTRY?	8		A BALTIMO		UNTY OF DEATH	
A BANGS	MARY)	LAND	U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	BAL	TIMORE	CITY	MD.
	BALTI	VN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME C	OSPITAL		CCUPATION FOR MOST OF WOR		OF BUSINESS OR
b 2120	SUAL RESIDEN	ICE (IF NURSING HOMEOR	JTY 13	E RESIDENCE BEFORE		13d. INSIDE CITY LIMITS	3 13e. STREET		/	
LAN 12 24 1-	14 FATHER'S NA		.To. 11	ARNIC	1	YES NO W		to 1.16	ATTHEWS	5 URIVE
ARY WITH MARY) n FIRS	T .	MIDDLE	C LAST		FIRST	NAME	MIDDLE	LA	
S Coted	160 WAS DECE	SED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU		SHSRID 17 INFORMANT	HII	ADDRESS	IRET	017
BALTIMORE, Core be executed by Scion and Grand or Spers. Pages Not. 14, the medical	(YES, NO OR UM		E WAR OR DATES)			FAMIL	1 RECC	200		
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PRESTO DE LEGISTO DO R. I. Se diffet emove comortion, r troumer		ns, if any, which	((6) \$	PCARDI	AC S	URGERY	1	-0	1014	CURS
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OR A DIRECTOR DIRECTOR DEPT.	22b. SIGN	ATURE	10.00	1		DEGREE	e MEDICAL	STAFF	22c. DATE	
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TO HOSPITA etained by TO FUNERA should be de with the Stot		VIXUN	1				HOPKINS		11110	
0000	(SPECIFY)	EMATION, REMOVAL				EMETERY OR CREMATO	RY 23d LOCA	TION OR TOWN	COUNTY	STATE
) UU (BP	BUR 24 FUNERAL DI	IAL	1747 K	11989 1	ARK	wood Cam	DATE REC'D. BY R	VILLE P	BATO	MARYLAN
DHMH- 16 30M 2/80 (VRA 15, 4)	CARALDI		1 (1) 00-	ADDRESS	L L	R P	1111 16	1982	laste of	Towns day.

10. To 1085 12-8-5-5- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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leath. Po		IRTHPLACE (STATE OR FOREIGN TO COUNTRY) Penna	ISA AMOL	MARRIE WIDOWE	D NEVER MARRIED		R COUNTY OF DEATH	ile mo
1 42	10 C	Saltmore	1. NAME OF HOSPITAL, I	NURSING HOME		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR	ON 12b. KINE F WORKING LIFE) INDUSTR	
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d within		ATHER'S NAME		AST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Brigg	
and ton Poges 1		WAS DECEASED EVER IN U.S. ARMI		AL SECURITY NO	17. INFORMANT	ADDRE		Hohel
certificate sing physical rebon paper or removal.	100	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (b)	mais	Resp.	aues	C , BETWEE	OXIMATE INTE EN ONSET AND DEATH
t the deoth t the attence remove co remotion, her froumo		Conditions, if ony, which gove rise to immediate cause (o), stating the	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM					
signed by nen please o burial.	z	PART 2 OTHER SIGNIFICANT CO	(c) NDITIONS <u>CONTRIBUTIN</u>	NG TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cone	DITION GIVEN IN PART	Tio
on. hos been to permit. It is the prior to ows any injury.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
SICIAN: The physicial physicial certificate riol-transition and Hygin frem 18 sh		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	
offendir frer this as the bu th and Mr	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	AN COUNTA	STATE
Spitol or CTOR: A Ifor use of Health		22a certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did nat)		19 or	d that in (my) (our) opinion d	, to eath occurred on the do		. that (I) (we) last he causes stated
At OR A y the hos AL DIREC detached ate Dept. IT: If Item		27b. SIGNATURE	yr		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 7 †	13/82
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State I		22d. PHYSICIAN'S NAME ITYPE OR P	AUR.		22e ADDRESS	in Ho	spital	
2 € 2 € § §	En	tombment	7/15/82		emetery or crematory dge Cem.	Pikes vill		
DHMH · 16 50M 1/81 (VRA 15, 4)	24 FI	NERAL DIRECTOR Alan Seitz Fune	ral Home 38°	18° Roland	Ave 25a. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN.	7

THE TON OF WAR ANAMOUNT IN THE LETTER .or..week. atting of the control of -Quality applying the term parter of the end of name and a rais.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE SZ STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Gourley JAMES MORRIS July 2:450 M I. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAY MALE WHITE 69 May 73 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland BALTIMORE CITY. USA WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Market BALTIMORE BALTIMORE, MARYLAND 21201 VETERANS ADMINISTRATION MEDICAL Cutter 13e STREET ADDRESS 136 INSIDE CITY LIMITS? Harford Maryland 1206 Janet Drive Edgewood NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Joseph R. Morris Marie Chowning 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Sister ADDRESS 17 INFORMANT Same as Yes no or unknown) (IF YES, GIVE WAR OR DATES) Ruth A. Rehbein 212126407 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ~ Z muss PRESTON ST IMMEDIATE CAUSE (Since Dx Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? tronsit Hygie sho NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INTURY 211 LOCATION ò CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) pa WHILE NOT WHILE JULY 22a.1 certify that (1) (this hospital) attended the deceased from. JULI JULY saw the deceased alive as and that in (hy) (our) opinion death occurred on the date and hour and from the couses stated view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ould be 3900 LOCH RAVEN BLVD 23t NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23d LOCATION Catonsville BP July 20,82 Security Process Cremation DHMH - 16 50M 1/B1 (VRA 15, 4) Singleton Funeral Home, Glen Burnie, MD

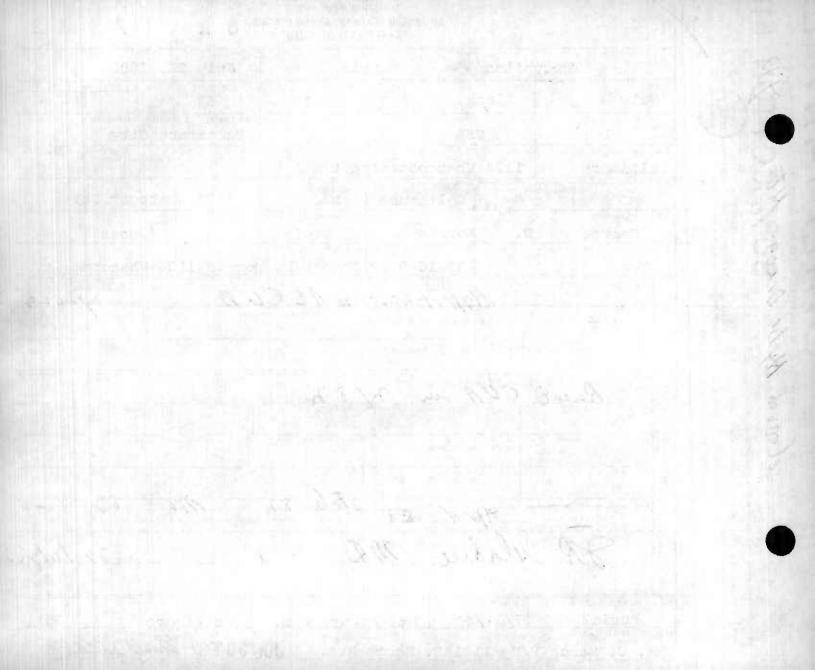
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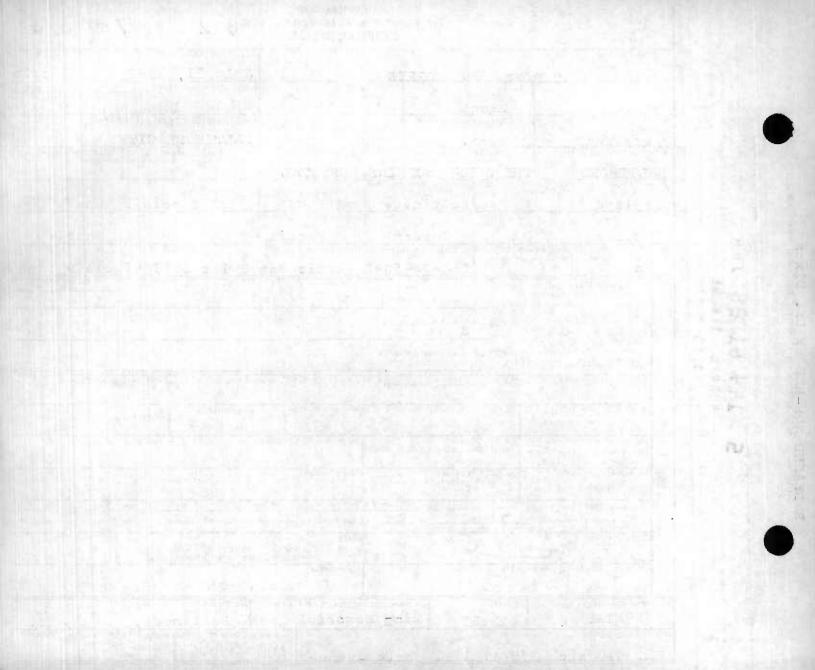
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C. March H/H

A HELD X But Straway IT as BITY WORK I NOTES CHICKEY CHILL HUSE X Security St City 191 W+29 1191 247-1007 Queenic Servery 1811 Parls Act Burnet 2/10/182 Mit. Z. Com Balton PHONE SET 8 JUL 1977 KM 18 1807 HVF 150510 . 9 . 1964

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) Theophilus N. Morris July 28, 1982 1.55% 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 24 HRS Black 1 9EAR Male 63 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR 1 Whatcoat Street (TYPE OF WORK EOR MOST OF WORKING LIFE) INDUSTRY Baltimore MAL RESIDENCE (IF NURSING HO OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Whatcoat St. MD Baltimore FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE D. Morris George Mamie West 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 225-16-9402 Joseph T. Morris 1124 Whatcoat St. Yes 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG FICAT 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE 22a. I certify that (1) (this horpital) attended the deceased from. saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (4) (weste () (did nat) view the ba 22c DATE SIGNED ATTENDING MEDICAL **PHYSICIAN** DIRECTOR PHYSICIAN [22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT) 230 BURIAL CREMATION, REMOVAL 23d LOCATION 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OF TOWN STATE COUNTY Burial 7/31/82 Mt. Auburn Cem. Baltimore MD24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Wm. C. March F/H 1101 E. North Ave.





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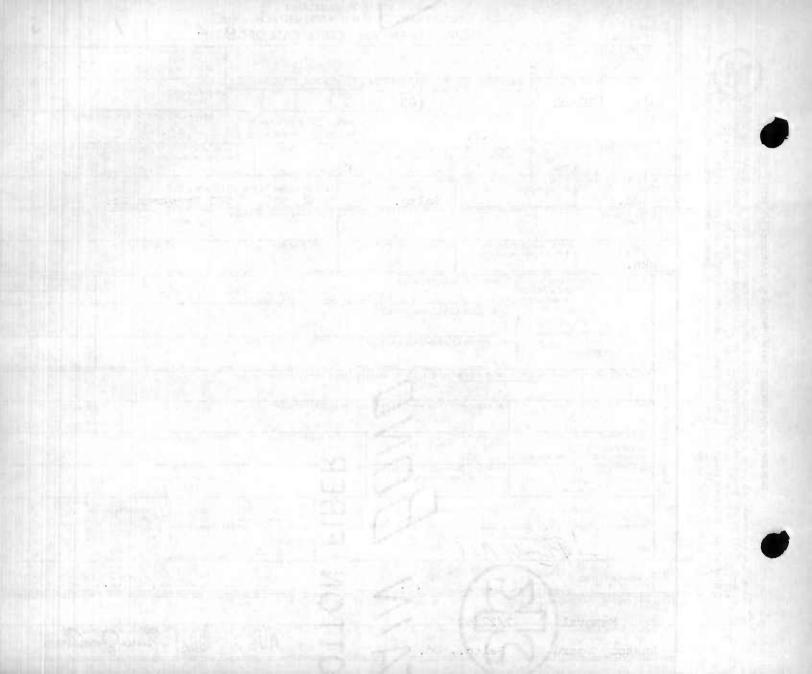
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STATE OF MARYLAND

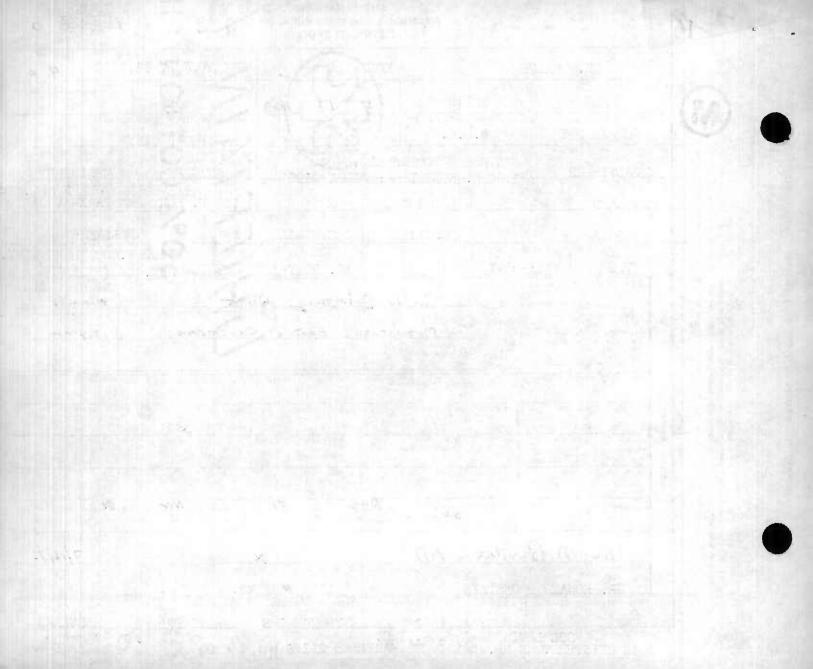
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(8.8)	(TYP	E OR PRINT)	Bru	ce			Moses	01		7	17 10	02	AA
	(RALE 3/2	3. SEX	4.	RACE	5. DATE OF BIRTH	6/AGE IN		DER 1 YR. IF UNDER		ATE	MONTH	DAY		2d HOUR
	NACES	M.	ale	Black	MONTH DAY	YEAR LAST BIRTH	YRS.	DAYS HOURS		DUNCED	7	17 19	82	4:17
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-0	の音楽を乗りの		REIGN COUNTRY)					ED NEVER MARRI	ED U		-			PM
	#5.43 × 1	10 C	TY OR TOWN OF	DEATH	U.S.	PITAL, NURSING HO	WIDOW			CUPATION (TYPE		126 KIND	OF BLIS	MD
	A HOUSE SOLD				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS	5)		FOR MOST OF		OF WORK		DUSTRY	
	300 111.	11211		imore	583 DR OTHER INSTITUTION, GIV	Presstman	Stre	et						
	F ANY DEI R AND 3 TC RETAIN SHOULD BI RECORDS	13a. S		136 COUN		13c. CITY OR TOWN		13d INSIDE TTY LIMITS?	13e. STREET AD	DRESS				
	Y ARBARY		Md.			Balto.		YES NO	583	Prestman	St.			1
	H-AGE	14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE FIRST	NAME	MIDDLE		LAS	т	1
	JRS AFTER DEA JRS AFTER DEA J. GIVE PAGES WITH FORM P WITH FORM P DIVISION OF	{Y	VAS DECEASED E		MED FORCES? WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS		L.		
		=		DE ATH /Enter or	nly ane cause per line	(a) (b) and (a)						APPRO	DXIMATE II	VIERVAL
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	AS A S A CREAT	CERTIFICATION										-		
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		×	AT WORK	NOT WHILE] STATEST, FACTO	JRT, PARM, ETC.)		TREET	CITO	TOWN	COO	INIT		SIAIC
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	STEE SECOND		death resulted	tram: Natu	ral causes IXX	Accident L	Suicide	, Hamicide .	Undetermined	manner [
	A WANTER		ACTUAL	1107	-11011	1		Assistant			DATE	-	7/18	/82
-	2 # 3 # 5 #	1	SIGNATURE	7/1	10000		M,	D. 13313 Carre	MEDICAL EX	CAMINER	SIGNE			
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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; P AFTER DEBATH, WITH THE SIS BALTIMORE, MARYLAND;	-	(TYPE OR PRINT		mez R. Gu			ADDRESS				, 110		
111-	- BATEAN	23a B	URIAL, CREMATIC	IN, REMOVAL	ZJb. DATE	23c. NAME OF C	EMETERY OF	K CREMATORY	23d. LOCATIO	N	COUN	ITY	STA	TE.
170	5BP	24.5	Rem	oval	7/27/82		100	125a DATE O	DEC'D BY DEC'S	TDAD 1751 DAGREC	TRAP	CALATION		
	DHMH - 17	24.1	NAME	/K	ADDRESS			A I	C 3 10	RAR 256 POSIS	LI O	a ll	mille	-
	(VR A15 ME (5)) 20M 4/82		Anatomy	Board	Balto	, Md.		7.0	u 0 10	المرا الما	0			



DR. RALPH MOSTWILL SUNDAY, JULY 11, 1982 3. SEX 4. RACE WHITE WHITE 7.0 BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) WONTH JAY YEAR 1. J 1903 7. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEAT	/ / M
DR. RALPH MOSTWILL SUNDAY, JULY 11, 1982 A RACE WHITE WHITE MALE WHITE MALE WHITE WHAT COUNTRY? MARRIED XX NEVER MARRIED PARTIMORE CITY OR COUNTY OF DEA' MARRIED XX NEVER MARRIED PARTIMORE CITY OR COUNTY OF DEA' MARRIED XX NEVER MARRIED PARTIMORE CITY OR COUNTY OF DEA' MARRIED XX NEVER MARRIED PARTIMORE CITY OR COUNTY OF DEA' MARRIED XX NEVER MARRIED PARTIMORE CITY OR COUNTY OF DEA' MARRIED XX NEVER MARRIED	2 9 P M
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78 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED XX NEVER MARRIED 79 BALTIMORE CITY OR COUNTY OF DEATH	DATS HOURS MIN.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BECVEDEREY, TOWERS APT. 404 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST	
USUAL RESIDENCE (IF NURSING HOME OR OTHER APPLIATION OF THE ADMISSION) 130. STATE 130. COUNTY 131. COUNTY 130. STREET ADDR BELVEDERE TO	EDICINE OWERS APT.40
MARYLAND BALTIMORE YES (X) NO 1190 W. NORTHERN PA 14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	ARKWAY 21210
MOSTWILL CECELIA POBIN	
(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ORTHERN PKW) 21210)
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF	1 4002
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1(p
190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINCERTIFYING CAI YES NO X YES 1 210. ACCIDENT WAS UNDERLYING 2115. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAI	FINDINGS USED
YES NO X YES YES	NO 🗌
AN CONTRACTOR OF STATE OF STAT	ART 2}
THE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK COUNT COUNT	NTY STATE
220.1 certify that (1) (this hospital) attended the deceased from Aug 1981 to WW 1981 sow the deceased alive on 1981 and that in (my) (our) opinion death occurred on the date and hour and from approximately 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and from 1981 and that in (my) (our) opinion death occurred on the date and hour and that in (my) (our) opinion death occurred on the date and hour and the date and hour and that in (my) (our) opinion death occurred on the date and hour and the date and hour an	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
above. (I) (we) (did) (did not view the body after death.	DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7/12/82
PHYSICIAN DIRECTOR PHYSICIAN DIR	
236 BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	STATE
(SPECIEV)	
(SPECIFY) CFM CITY OR TOWN COUNTY	MARYLAND



REG. NO DECEASED NAME 28 DATE OF DEATH MONTH death ITYPE OR PRINT **JOSEPH** MUGOWSKI JULY 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED DEVER MARRIED NAME OF 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Filed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RE 130 STATE IDENCE BEFORE ADMISSION 1136 COUNTY OR TOWN 3d INSIDECITY LIMITS? 13e. STREET ADDRESS YES D 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) pape 18 CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE PNEUMONIA Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 oth underlying couse lost. ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, ATION 0 prior 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED CERTIFIC IN CERTIFYING CAUSES OF DEATH? Der NOX rial-tronsit certificate Sh Mentol Hygi 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 e MEDIC 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET CITY OR TOWN WHILE NOT WHILE AT WORK AT WORK 22s. I certify that (1) (this haspital) attended the deceased from 8.2 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ sow the deceased alive on 7 20 above, (1) (we) (did) (did not view the body after death 21 DIRECT 226. SIGNATURE DEGREE MEDICAL STAFF ATTENDING FUNERAL PHYSICIAN [DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) CHURCH HOME HOSPITAL 100 N. 22e ADDRESS th the IMPORT BALTIMORE, MARYLAND 21231 MUKESH LUHAR MD 0 230. BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

28, 82

IF UNDER I YEAR

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YES

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COUNTY

250 DATE REC'D. BY REGISTRAN 256, REGISTRANS SIGNAL

22c. DATE SIGNED

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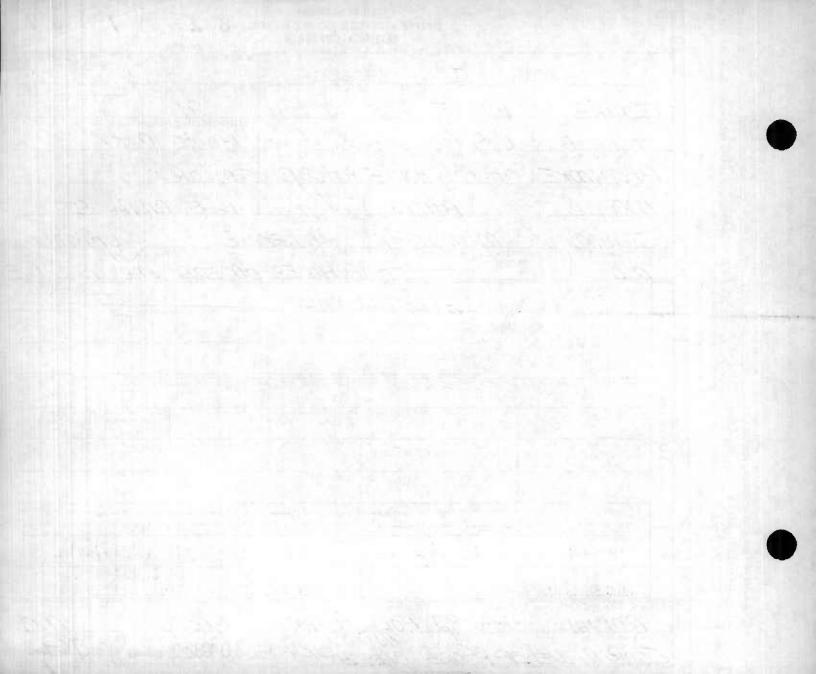
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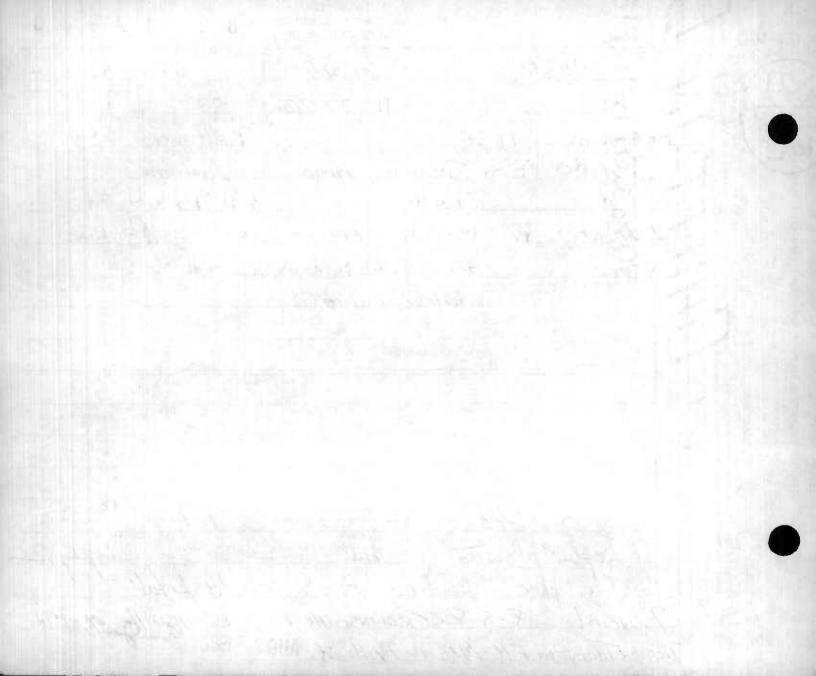
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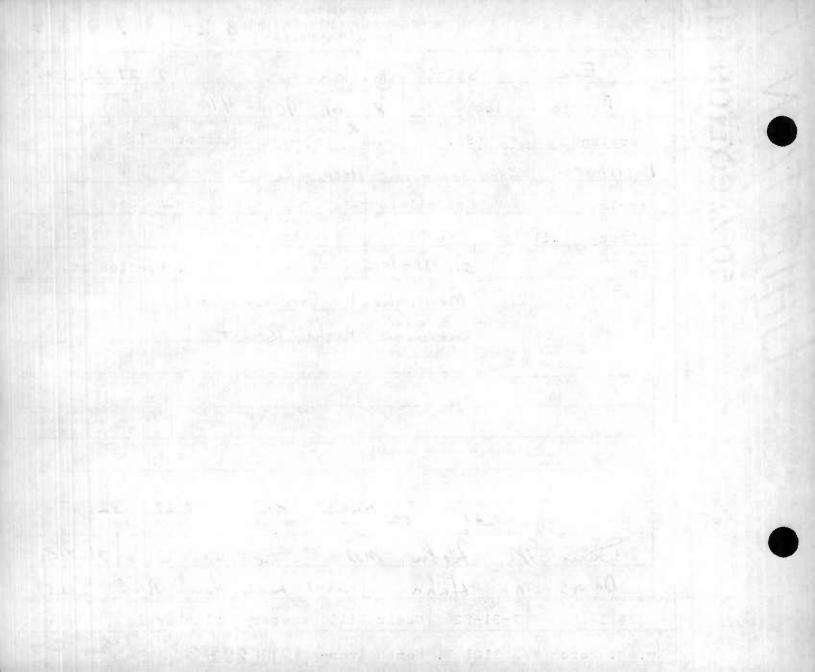


	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	17938
oth		CEASED NAME CLAUA	MIDDLE LAST 20. DATE OF DEATH MON	TH DAY YEAR 126 HOUR 26 82 5:20.
M)	3. SE	' M ·	4. RACE S. DATE OF BIRTH S. DAY S. DATE OF BIRTH AND DAY S. AGE (IN YEARS LAST BIRTHDAY AND DAY S. AGE S. AGE	MONTHS DAYS HOURS
6/2	A	- KANSAS	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR CO	vice City
34		TY OR TOWN OF DEATH BALLO OF DEATH		RKING LIFE) 12b. KIND OF BUSINES:
ad broad be	13a S	TATE Md 13b. COUN	BAHO YES & NO D RZII BA	ker St
300	1	THER'S NAME	APPLE PORCES? THAN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS.	Perkins
media media		(AS DECEASED EVER IN U.S. AR) (IF YES, GIVI CT	MEDIFORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WAR OR DATES! 431.32-5336 Medical Records	
emavol.		PART I. DE ATH WAS CAUSE	y one couse per line lar (a), (b), and (c) BY E CAUSE (a) MN Chatie adence CA	APPROXIMATE INTERVA BETWEEN ONSET AND DE
on, or re umatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
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njury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS.	ON GIVEN IN PART 110
Sows ony ii	CERTIFICATION	190 DATE OF OPERATION		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO
wentol Hygie or Hem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TEM 18 PART I OR PART 2)
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STA
of Hear		sow the deceased alive on	all attended, the deceased from, 19, to 26 11144 2 3 11144 1 2 8 7 , and that in (my) (our) apinion death occurred on the date a	nd haur and from the couses state
E State Dept.		Chytokle 9	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	20 DATE SIGNED
with the State		Ch Christoph	er H. Coulter Pon Secours Hosky	fall
3 4	73n. ?	CARIA	23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION TO OR THUNK	sile of the
1/81	RA	INERAL DIRECTOR	ADDRESS 250 DATE REC'D. BY REGISTRAND	were of the state



C. March F/H 1101 E. North Avenue

(VRA 15, 4)



AINILEK, PUBLICIA STATES AND THE SERVICE OF THE SER Carried Land Carl einsul scould select select is values. All 5 H morning in a -ADEL SEL KINNEY GSA. into each a color and price value value and a color and a color mes to son lunevel to a, Inc. for won, no. 21214 Jul. 6 1882 . Level J. Co. Jan.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH. REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTI 2:37 MURPHY MARION July 15, 1982 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH White Female 16 1892 Dec. ME BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED COUNTRY Baltimore City Md. U.S.A. WIDOWEDX DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 4415 Bedford Place Baltimore Housewife Own Home USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY 13e. STREET ADDRESS 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 4415 Bedford Place Md Balto. YES X NO T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE Carroll Katherine John Fahev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LIF YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) Same 216-46-7145 Ruth M. Mordecai No BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 (b), and 10 PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF failure Heart Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A COMSEQUENCE OF vear underlying couse lost. rteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. and that in (my) for opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL STAFF should be deto with the Store I 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Robert E. Mason, M.D. 9 E. Chase St., Balto., Md. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Md. 7-17-82 Green Mount Balto. Burial 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR 5 5 KONALUR DHMH - 16 50M 4/B2 4905 York Road Balto., Md. 21212

(VRA 15, 4)

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ficate has been signed by the attending physicion and completely filled in by the funeral arrector parts	transit permit. Then please remove carbon papers. Pages 1, and 2 shauld be filed with	Hygiene prior to burial, cremation, or remayal

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.	
	ECEASED NAME FIRST	WIDDLE		IASI	20. DATE OF DEATH	MONTH DAY YEAR	R 2b HOUR
i si		erick W.	S DATE (luth	July 17	1982	FAR IF UNDER 24 HRS
	Male	Caucasian	Oct	H DAY YEAR	86	YRS.	
76 E	SIRTHPLACE (STATE OF FOREIGN 7	L CITIZEN OF WHAT COUNT	TRY? 8	XX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
	Md.	U.S.A.	WIDOW		Balti	more Cit	cy M
10.0	TITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	RSING HOME		120 USUAL OCCUPATI	ION 126. KIN	D OF BUSINESS OR
	Baltimore	3104 Marec	o Aver	ue	Brewery	Working LIFE) INDUST	Brewery
13a.	STATE 13b COUNT			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	Md	Balt	imore	YESX NO	3104	Mareco A	lve.
14. F	ather's Name Christoph	er Mut	h	15. MOTHER'S MAIDEN N	known		IAST
	WAS DECEASED EVER IN U.S. ARM		ECURITY NO.	17 INFORMANT	134	5 Walker	ATTO
	no	212-0	7-2846	Francis		hew)	Ave.
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for (b) (b) BY: CAUSE (c)	tino 9	Farlure		APPE	ROXIMATE INTERVAL EN ONSET AND DEATH
	4409 Conditions, if only, which	DUE TO, ORAS A CONSE	EQUENCE OF	sterio- la	plorotio c	Isease	
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF	Seulety	,		
N N	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	MINAL DISEASE OR CONI	DITION GIVEN IN PART	Ita
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
EDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	2)
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM ETC)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	20 4 215 4 24 24		11/	20 16		5.5	

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: If Hem 21 is marked ar Hem 18

should be detached for use as with the State Dept, of Health

Dr. L. B. Stevens 230 BURIAL, CREMATION, REMOVAL

sow the deceased alive on _____ above, (I) (was tidd) (did not) view the

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

226. SIGNATURE

(SPECIFY)

3400 Erdman 23c. NAME OF CEMETERY OR CREMATORY

Moreland Mem

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

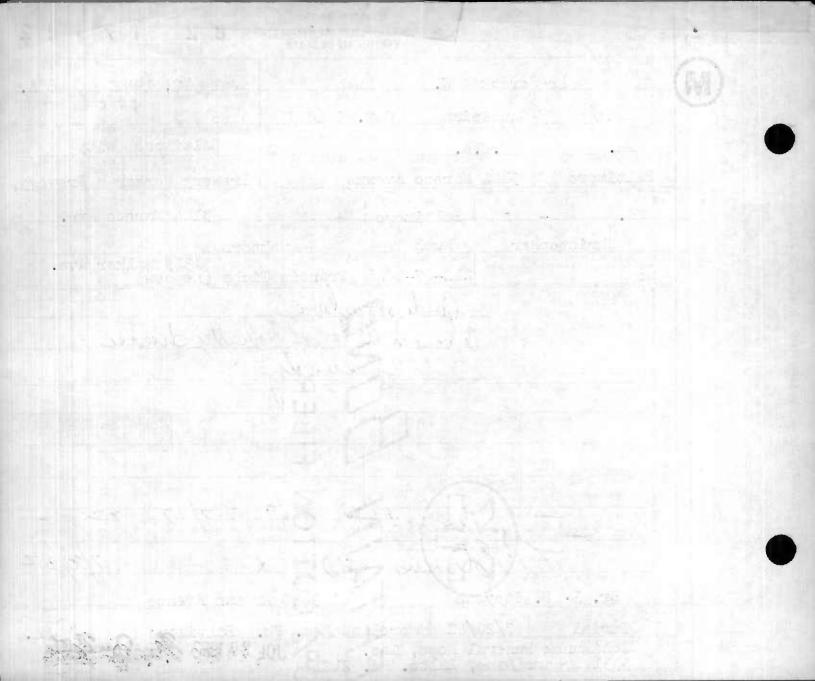
23d LOCATION

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

Avenue

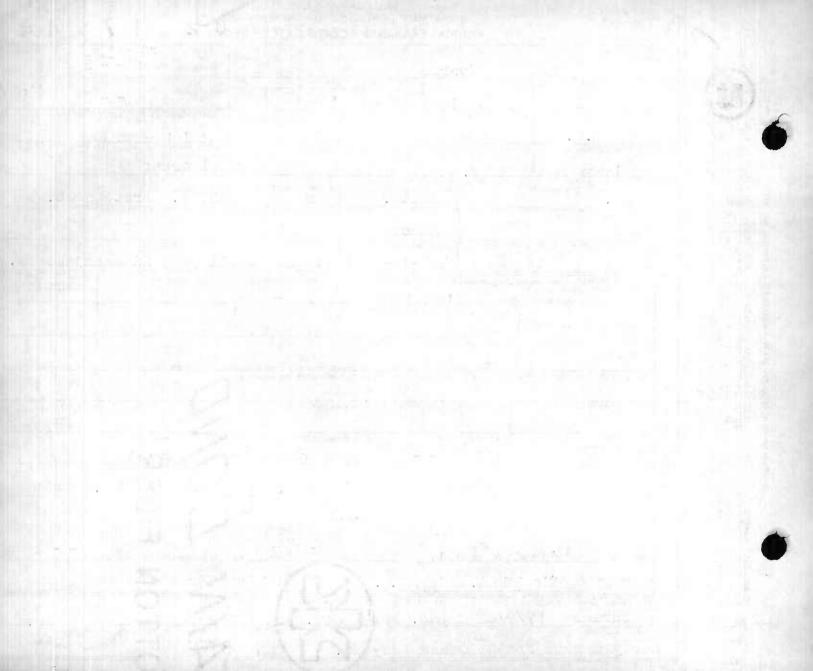
Funeral Home, Inc. Brehms Lane, Balto, Md.



			STATE OF MARYLAND
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 7 9 4 3
	1. DE	CEASED NAME FIRST	REG. NO.
		STELLA (ESTELLE T MYCZYONGUZ
	3. SE		4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	E	EMALE	WHITE 9 25 1904 77 YRS MONTHS DAYS HOURS MIN.
2	n	The STATE OF THE S	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
	44	TV OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 121 KIND OF BUSINESS OR
35	B	ALTIMORE	CHURCH HOME HOSPITAL HOMEMAKER
2 <	13a	AL RESIDENCE (IF NURSING HOME OR OF	OTHER INSTITUTION GIVE RESIDENCE SEFORE ADMISSION) TY 13d. INSIDE CITY LIMITS? 13g. STREET ADDRESS
	14. F/	THER'S NAME	15. MOTHER'S MAIDEN NAME
00	1	ADREW RI	NELANSKI MARTELLA MIDDLE LAST
/	160 V	VAS DECEASED EVER IN U.S. ARME	
		(IF YES, GIVE V	EDWARD MYSZKOWSKI 4019 RAYMONNIA
		18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), and (c).
	138	PART I. DEATH WAS CAUSED	BY: E CAUSE (o) CARDIOPUL MONARY ARREST
		5860	DUE TO, OR AS A CONSEQUENCE OF
	0.8	Canditians, if any, which	(b) SHOCK, RENAL FAILURE
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
		underlying cause last	(c) RESPIRATORY FAILURE
ory. or	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
2	F		IN CERTIFYING CAUSES OF DEATH? YES NOTY YES NOTY
10	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18, PART OR PART 21
9	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR AM. MONTH DAY YEAR
1	MEDICAL	214 INJURY OCCURRED	216. PLACE OF INJURY 211. LOCATION
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
		220-1 certify that (1) (this hospital	al) ottended the deceosed fram JULY 17 , 19 82 , to JULY 18 , 19 82 , that (I) (we) last
		sow the deceased olive on above, (I) (we) (did) (did nat)	19 82, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
		276. SIGNATURE	DEGREE 221. DATE SIGNED
	. 1	much	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 7-18 82
		224 PHYSICIAN'S NAME (TYPE OR PI	PRINT) 27e ADDRESS
10		MUKESH LUHAR	MD CHURCH HOSPITAL CORPORATION 100 N BROADWAY BALTIMORE MARYLAND 212
+	23a. 5		MD IIOO N BROADWAY BALTIMORE MARYLAND 212
	12	URIAL	7-21-1982 MORFAHFART OF TEST BUTIMARES W.
31	74 FI	INERAL DIRECTOR	OROWSKI 2525 FLEET ST. JUL 19 1882 CALLED SINGLES
-	Ps	IMAND L. RAPTI	ORDWSKI 2525 FIEET JT. JUL 19 BOC CHARLES J
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Lestery I. FEMILE 1214 17 8 9 35 1924 199 MARKAND LL. SIN . COLTINIONE CONTRACT DATIMOS & CHURCH HOME HESPITE BINGHINGER MURCHAN PARTINICE & LESS S. DERKER HIS ANSWEW RIELENSKI MARKELLE LOWERS AND SECURITY APPLICATION OF THE Believed to the Committee of the State of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR DECEASED NAME 20. DATE KNOWNXX DAY MONTH 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED ELWOOD Monroe NANCE DAY 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 1:30/ LAST BIRTHDAY) PRONOUNCED 7-2-82 10 DEAD 68 YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) N.C. USA WIDOWED DIVORCED Baltimore City D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS Steelworker OR INDUSTRY Baltimore Saratoga Street SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 2221 W la. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Balto. Saratoga St. YES X NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Eliza Sam LAST Nance 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 242-10-4361 Yvonne Powell 9429 Kilamanjaro Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt injury to the head IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HALFIR DEATH, WITH THE STATE DEPARTMENT OF HALFIR DEATH, WITH THE STATE DEPARTMENT OF THE SHALL MORE, MARYLÉND, 21201 PRIOXTO BURIAL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XIX OR 19:15AM 7-1-82. pedestrian struck by a bus (MTA) CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY CATHOME IL LOCATION 21d. INJURY OCCURRED street, FACTORY, FARM, ETC.) 2700blk W. Franklin Street Balto., Maryland WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described HEADeld NLY Jutapsy XX Inspection Inquiry and in my opinion Suicide L Homicide Undetermined manner deoth resulted from: ACTUAL DATE 7-3-82 MEDICAL EXAMINER SIGNED EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Md. Nat Mem.Park laure 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Leroy Harris F/S 4520 Pen Lucy Rd. (VR A15 ME (5)) 20M 4/82



- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3626 GREENMOUNT MENTAL KETARDATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) con opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 21218 Md. Burial 7-19-82 Moreland Memorial Balto. Balto. 24 FUNERAL DIRECTOR 4905 York Rd. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG Henry W. Jenkins & Sons Co., Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

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1		FOR STATE REGISTRAR	DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	15-7	58-26
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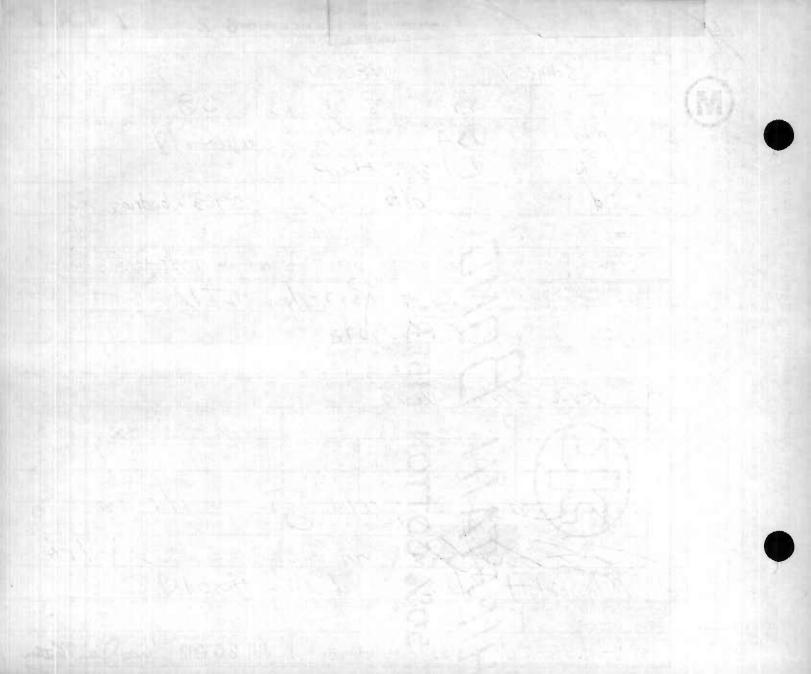
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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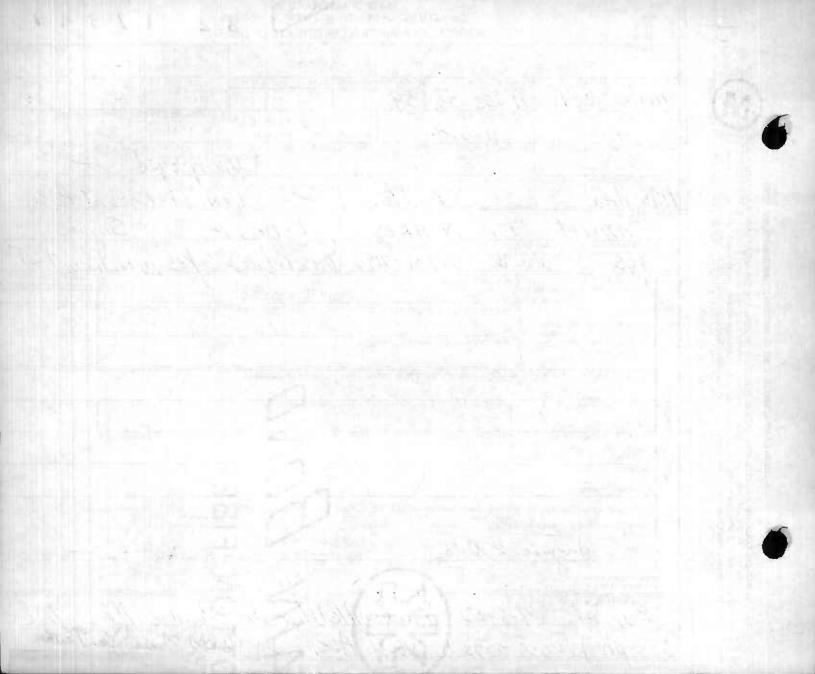
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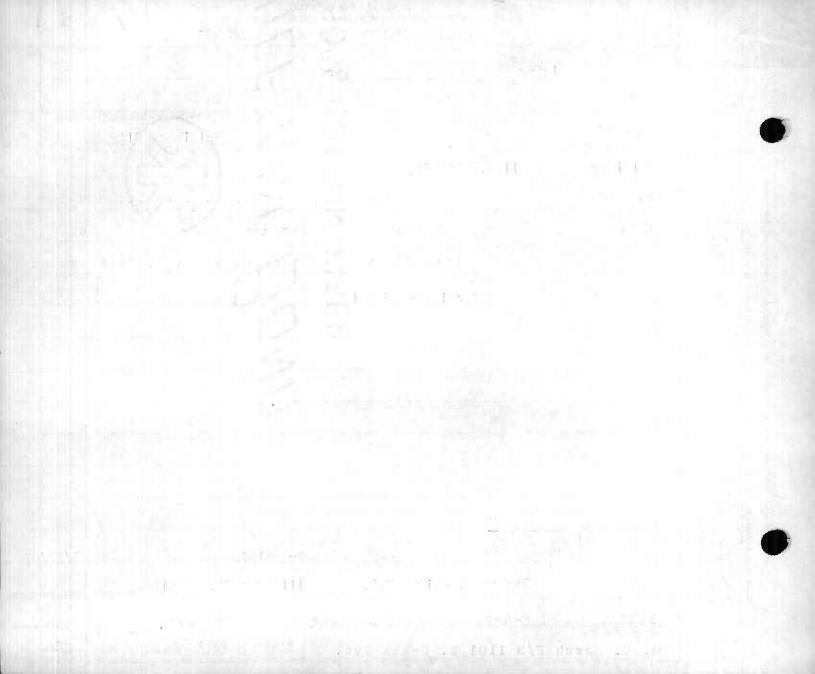
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BAITIMORE, MARYLAND, 2	23o.B	JRIAL CREMA	TIQN, REMOVAL	236 DATE	27C NA	ME OF CEMETE	RY OR CREMA		LOCATION	REBUNTY	14	w /
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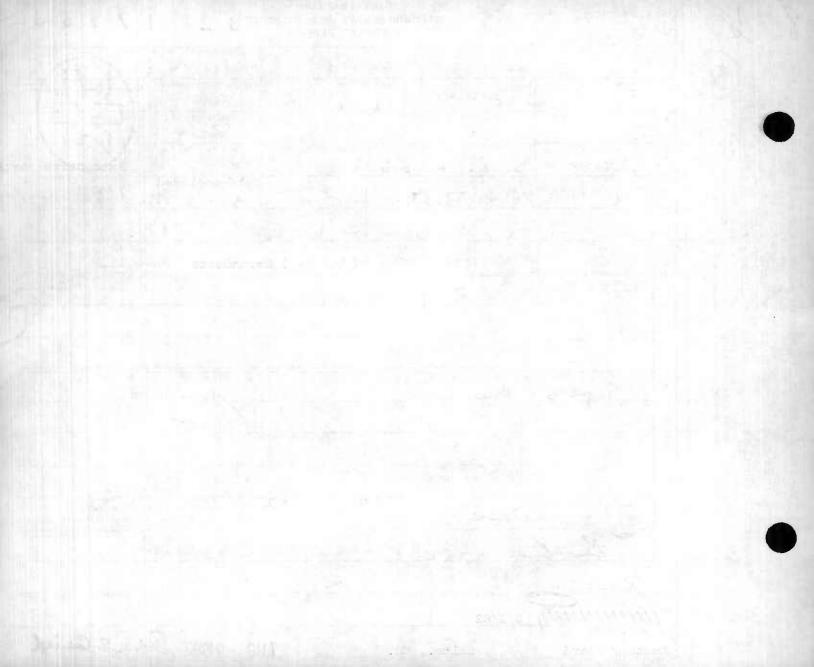
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20 DATE KNOWN X 7h HOUR DECEASED NAME MONTH (TYPE OR PRINT) ESTI-13 19 82 DEATH MATED CLIFTON NORMAN 24 HOUR AGE (IN YEARS IF UNDER 24 HRS DATE 4 RACE DATE OF BIRTH 6:40 MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 13 19 82 24 53 DEAD 28 M B 11 9 BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED [DIVORCED Baltimore City U.S.A. Tampa, Florida 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION University Hospital Baltimore AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS la STATE 1136 COUNTY 13c CITY OR TOWN Baltimore YES W NO [2603 Robb Street MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE FIRST Clifton Tee Norman, Sr Arma 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! 2603 Robb Street 217-54-9602 Annie T. Norman No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH HIEF MEDICAL EXAMINER ALONG WINDED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE PRIAL. CREMATION, OR REMOVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Stab wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20. AUTOPSY? 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATIC, WINNELL TO THE CHIEF / PAGE 4 SHOULD BE FORWARDED TO THE CHIEF / TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED HATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOURXAXXX XIONTH DAY YEAR UNDERLYING TOO 5:57.M. Subject stabbed. 7-13-CONTRIBUTING CAUSE OF DEATH 19 82 21e PLACE OF INJURY (ATHOME. 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE STREET, FACTORY, FARM, ETC.) WHILE AT WORK Md. Charles Plaza 100 blk Favette St. . Balto Autopsy 22a. I certify that I took charge of the remains described above, held an Inspection Hamicide X Accident Undetermined manner death resulted from Natural causes TITLE (SPECIFY) DATE ACTUAL 7-14-82 Assistant SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon. M.D. 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE MD 7/17/82 Baltimore Cemetery Baltimore Burial BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H, Inc. 1101 E. North Ave. VR A15 ME (5) 20M 4/B2

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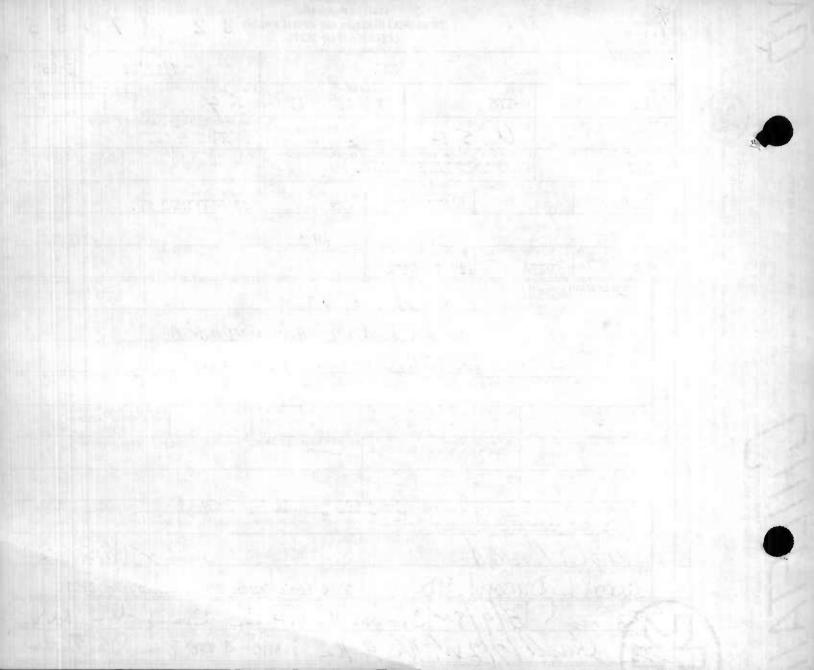
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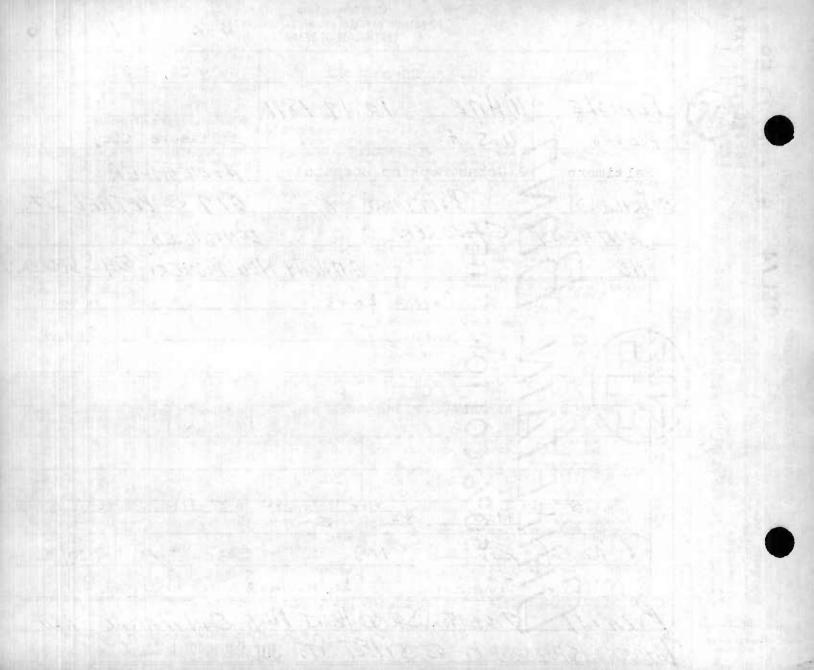


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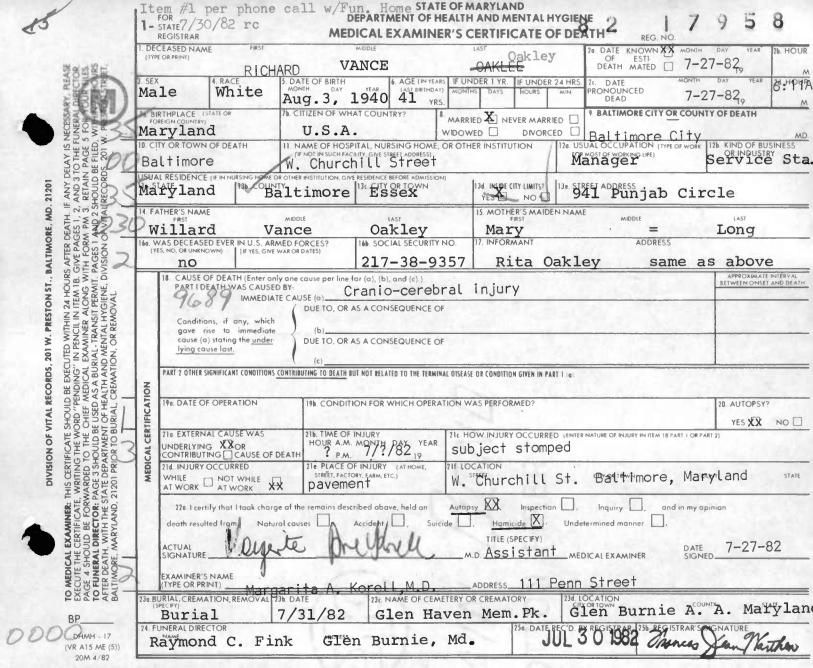
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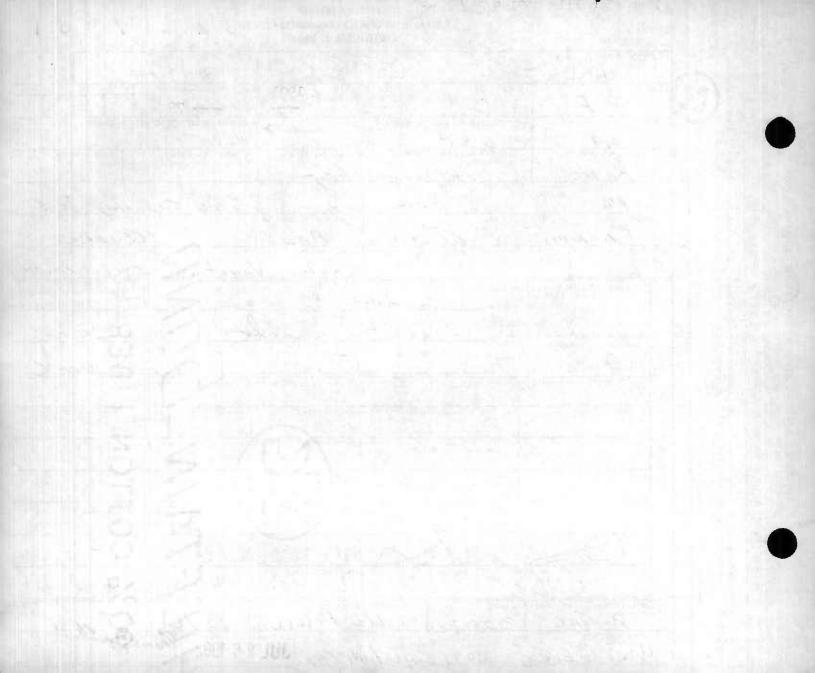
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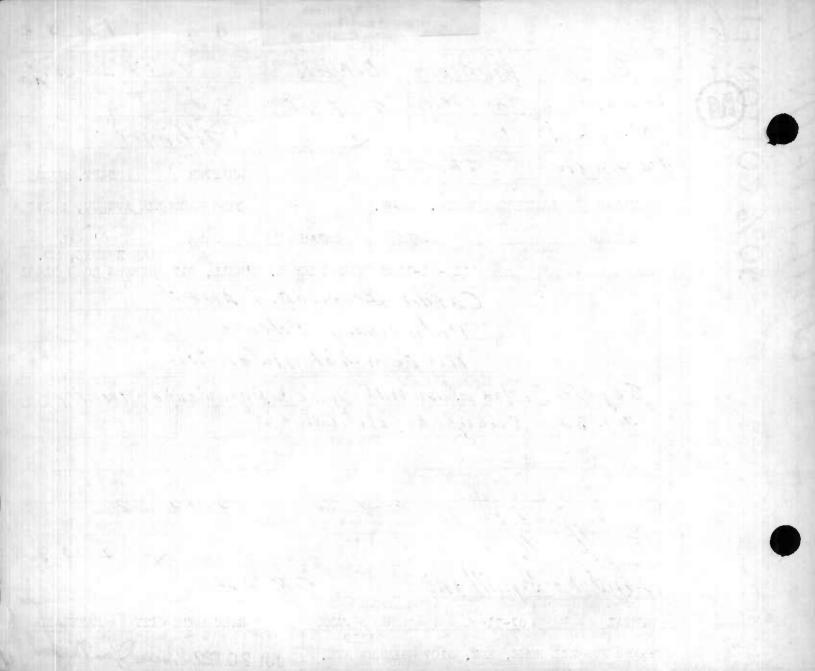
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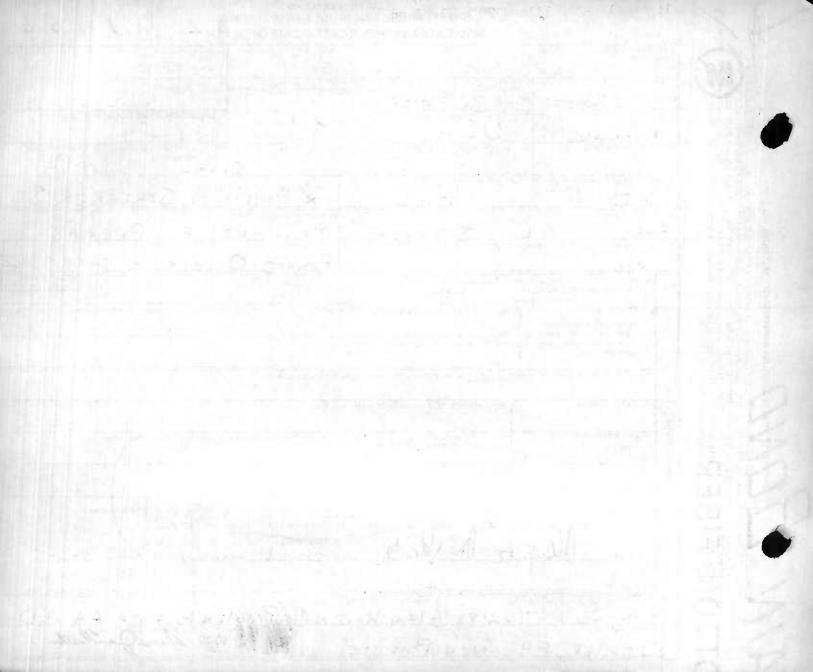
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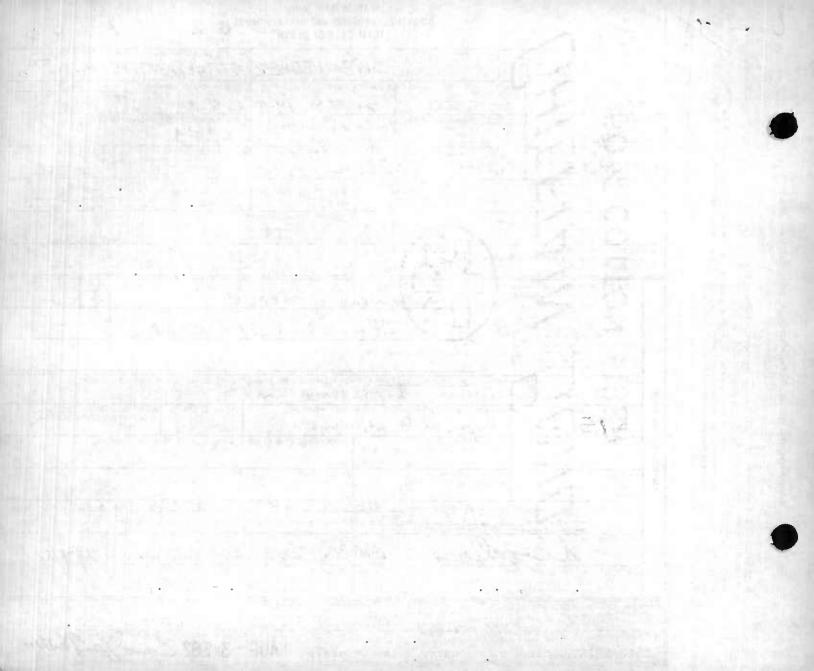




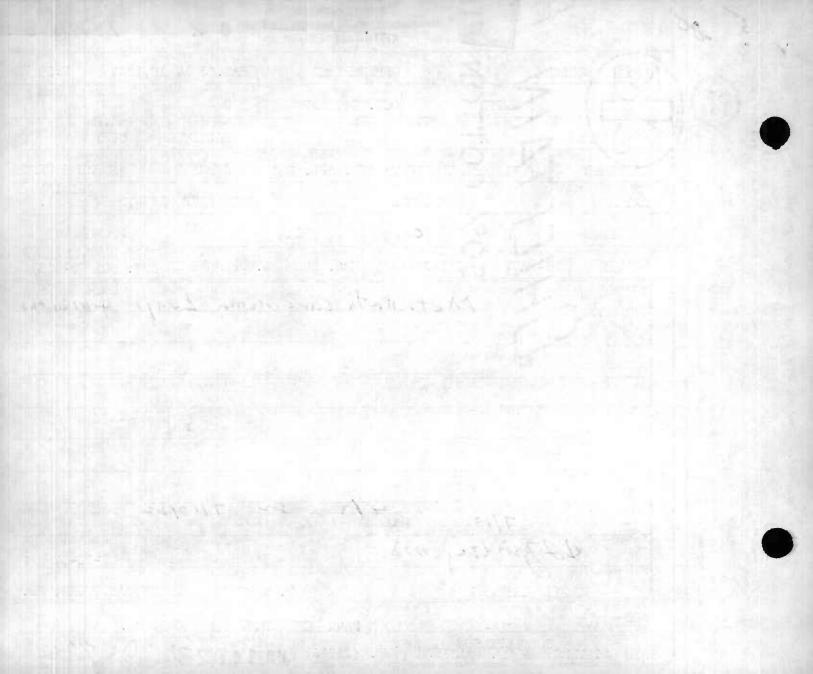
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á	WRIT WRIT ARD AGE:	*	AT WORK AT WORK	STREET, PACTORY, PARM, ETC.)	SIREET	CITY OR TOWN	COUNTY STATE
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2	MANN TIFIC BE F FCTO		death resulted from: Natural	causes X , Accident ,	Suicide , Hamicide	Undetermined manner .	
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	574548 -	23a. E	SURIAL, CREMATION, REMOVAL 236		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
060	BP	24	SUR IAL TUNERAL DIRECTOR	1122/82 GIEN	HAVENMAT	KGIEN BURNIE	E AA MD
	DHMH - 17// (VR A15 ME (5))	24.1	NAME NAME	ODRESS B	Da. DATE	REC'D. BY REGISTRAR PREGISTRA	an Marth
	(VR A15 ME (3))		TYKIEY	H CIEN DUR	NIE 30	0	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LOECEASED NAME 25 HOUR TTYPE OR PRINTE DORIT 4 RACE IF LINDER LYEAR IF UNDER 24 HRS 3 SEX MONTH AUCASTAN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY AUSTRIA USA WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOUSEWIFE AT HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, APT. 613 13a STATE 136 COUNTY 13r. CITY OR TOWN 13e STREET ADDRESS 1190 W. NORTHERN PKWY. MARYLAND BALTIMORE YES TXX NO T 21210 IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME ALIDDI E MIDDLE UNGER BRUNO MTNNA UNKNOWA LOUIS OPPENHEIMER IAN WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) 217-14-3451 1190 W. NORTHERN PKWY. APT. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY hour IMMEDIATE CAUSE (0 Rupfured diverticulation Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ofi caemia (candida) CERTIFICATION 0 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES NO [Mental Hyg 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. JENTER NATURE OF NURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER! à 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) norked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive a =, and that in (my) (aur) apinian death accurred an the date and have and fram the causes stated abave, (1) (-a) (did) (dy) view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR THE 22e ADDRESS uld b SINAI HOSP. - BALTO., MD N. SEGAL, M.D. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 235 DATE BURIAL CHEVRA AHAVAS CHESED RANDALLSTOWN BALTO. MD 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. DHMH-16 60M 1/73 6010 REISTERSTOWN RD. (VR A 15 (4)) BALTO., MD 21215



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MICDLE 20. DATE OF DEATH MONTH 2b. HOUR JUDGE RELIBEN **OPPENHETMER** SAT. JULY 10,1982 7:10 PM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR OCT. 24, 1897 MALE WHITE 84 O. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA CITY MARYLAND BALTIMORE WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORKING LIFE 7121 PARK HEIGHTS AVE. APT. 901 SUPRÈME BENCH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION (21215)136 COUNTY 712T PARK HEIGHTS AVE, APT. 901 13 BALTIMORE 13d. INSIDE CITY LIMITS? MARYLAND 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LEON MIDDLE SCHWAB FTORA **OPPENHETMER** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 7121 PARK HEIGHTS AV (YES, NO OR HAKNOWN) MRS. SELMA L.OPPENHEIMER APT. 901 (21215) 212-38-1461 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY state Carcinoma PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia DIVISION OF VITAL RECORDS. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOLX NO [21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased plive an , and that in (my) (our) apinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 7-12-82 PHYSICIAN X DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 22e ADDRESS ISRAEL ZINBERG 4000 W. NORTHERN PARKWAY, BALTIMORE, MD. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CREMATION LOUDON PARK CREMATORY BALTIMORE, Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) (21215)



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and within	14. F	ather's name first Unk	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME Unknown		LAST	
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by the hoby the hop the hop the hop detached State Dept State Dept		22b. SIGNATURE SIGNATURE 22d PHYSICIAN'S NAME (T	Welso	n fr n	70	ATTENDING PHYSICIAN [MEDICAL STA	FF _	7-25	GNED
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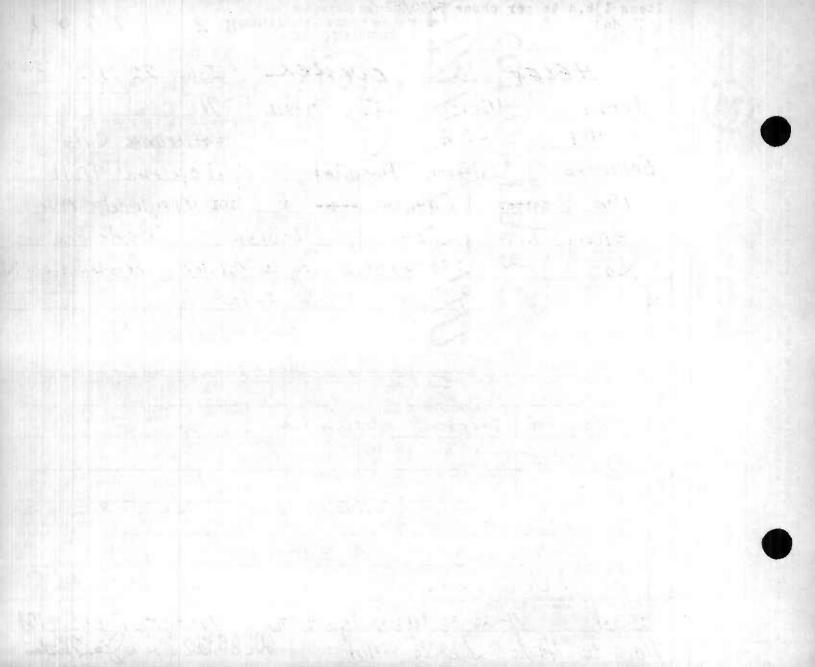
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may b page	ASED-NAME First Middle Last	2a. DATE OF DEATH 2b. HOUR
ote at	e or print) HELEN ORONSO	N 7 Manth 13 Day 8 2 3 25 M
Page cra	4. RACE S. DATE OF BIRTH	2/17/11 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10	emale W Cauc.	last birthday) MONTHS DAYS HOURS MIN
de cuth,	THPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH
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s of		12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
hours hours in by auld be death.	Bon Secours Hosp.	during most of wasking life, even if retired.) HOUSEWIIE
24 24 sho	SUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d.)	INSIDE CITY LIMITS? 13e. STREET AND NUMBER
A H H AN	on) STATE MD. 13b. COUNTY Baltimore YES	NO 442 N. Luzerne Avenue
MRYLA I with I with I and I an	HER'S NAME First Middle Last 1S. MOTHER'S MAIDER	
RE, M. comple comple	Peter: Zakarko Madel:	ine Unknown
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SALTIMOR be exe	na, ar unknawn) (If yes give war or dates al service) James Or	onson Jr. 2712 White Ave.
EET, BALT ificate be physician arban papi	3. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OBJETH
REET,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Wei est
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death death remove, and it	anditions, if any, which gave)	B.K. Stumpto
de de re re re re	se to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF	N1.00 A.
W. PRE	st. (c)	Mela mis
301 W s that hed by Then p to ree	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5 PHYSICIAN: The low requires that the death certificate be executed within 24 haur ar attending physician. 7 This certificate has been signed by the attending physician and campletely filled in by e as the burial-transit permit. Then please remove carban papers Pages I and 2 should tiene prirar to burial, cremation, or removal, and in any event, within 72 haurs after death	SPINAL ANESTHESIA	
ECORDS, 3 w requires been sign t permit. cremation,	Q DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?	
w requirements to been to been cremain	P.C. annested webone Surgerist	NO CAUSES OF DEATH?
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VITAL The physici physici all-tran	If either, notity medical examiner) P.M. 19	
OF IAN: ing Physical	1d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or Vivile - Not while -	R.F.D. Na. City or Tawn Caunty State
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Z = p =	2b SIGNATURE DO A	22c. DATE, SIGNED
OR ATTENTHE haspi	DEGREE ATTENDING PHYS	DIRECTOR PHYS. 7/13/82
0 p s 1	2d. PHYSICIAN'S / 22e. ADDRESS	1 1 2
¥0 100	NAME (Type) JOGENDRA SINGH 119	90 W. NOFTHERN PRWY
HOSPITAL Fetained by Funkkal Should be of Health	URIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
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DHMH-16 1/71 30M	NERAL DIRECTOR ADDRESS 2	DECD BY SEGS SEZ 250 REGISTRO'S SIGNATURE
(VR A15 (4))	Dabrowski & Son 2818 F. Baltimore Stor	TE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		cems 13b, d &e per phone 7/30/82state of Maryland
,3	1.	FOR STATE dad DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 7 9 6 9
)	1.	REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oth oth	(1117)	HELEN L. OURSLER July 22, 1982 310 %.
	3 SE	A AGE (INTERAST STREET HEART IF UNDER 24 HIS
(101)		Female White June 17 1911 71 YRS. MONTHS DAYS HOURS MIN
9.3	70. B	RTHPLACE ISTATE OR FOREIGN 7/2 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH
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b of the party	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 128 KIND OF BUSINESS OR
S off	1	BAHIMORE (IF NOT, IN SUCH FACILITY, GIVE STREET ADDRESS) LUTBERD TOSPITAL SPOOL OPERATOR MINDUSTRY
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ND 24 h 224 h 224 h 224 h	150	Batto. 130 CHY OR TOWN 13d INSIDE CITY LIMITS? 13d STREET ADDRESS 101 MARY LANCE AVE.
YLA thin thin thin thin thin thin thin thin	14. FA	ATHER'S NAME 15 MOTHER'S MAIDEN NAME
MAR & De GO SC	P	EMORY T. OURSIER Louisa Bedecker
d comp		VAS DECEASED EVER IN U.S. ARMED EORCES? 146 SOCIAL SECURITY NO. 12 INFORMANT. ADDRESS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours in other ding physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be file than and Mental Hygiene prior to buriol, cremotion, or removal. On them 18 shows any injury, or other traumatic event, the medical examiner must be against the property of the page.		(IF YES, GIVE WAR OR DATES) 220 24 1958 EMORY W. OVESTER REISTORSTANDA W.
ALT arte b ol.		18 CAUSE OF DEATH Enter only one couse per line togics, ib., and ic.
T., BA		PART I. DEATH WAS CAUSED BY. Myo Cardial Infarchia.
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ON OF V HYSICIAN dding phy us certific us certific l Mental I or Ifem 13	18	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
VISION OF VIT G PHYSICIAN. Strending physic er this certificon ond Mental Hy ked or Item 18	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
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		22a.1 certify that (1) (this hospital) attended the deceased from
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he he ept		27b. SIGNATURE DEGREE 22c. DATE SIGNED
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0 5 5 4 3 8	23a. l	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
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(VR A 15 (4))	1	tarry W. Haight Sykieville, Ma. 1006 grances Jan Miller



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

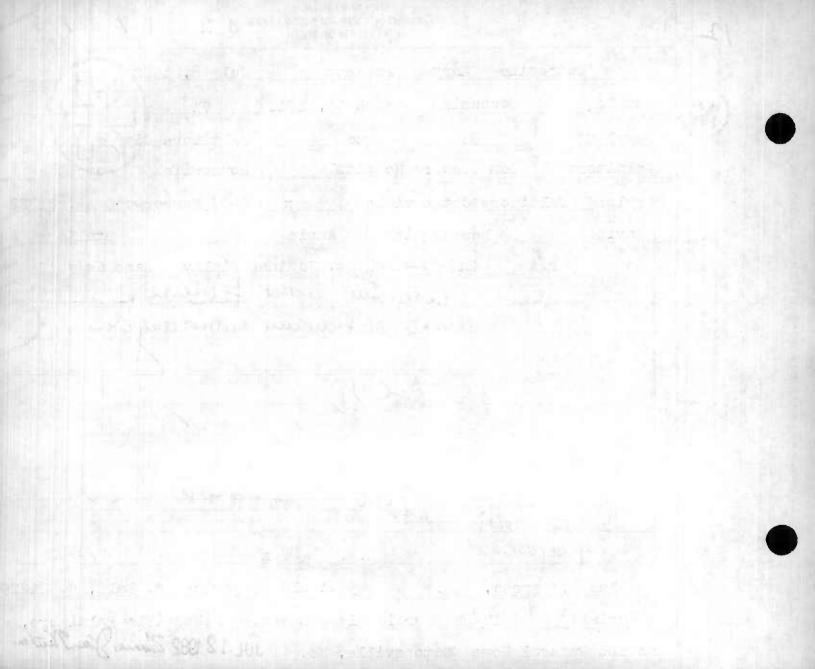
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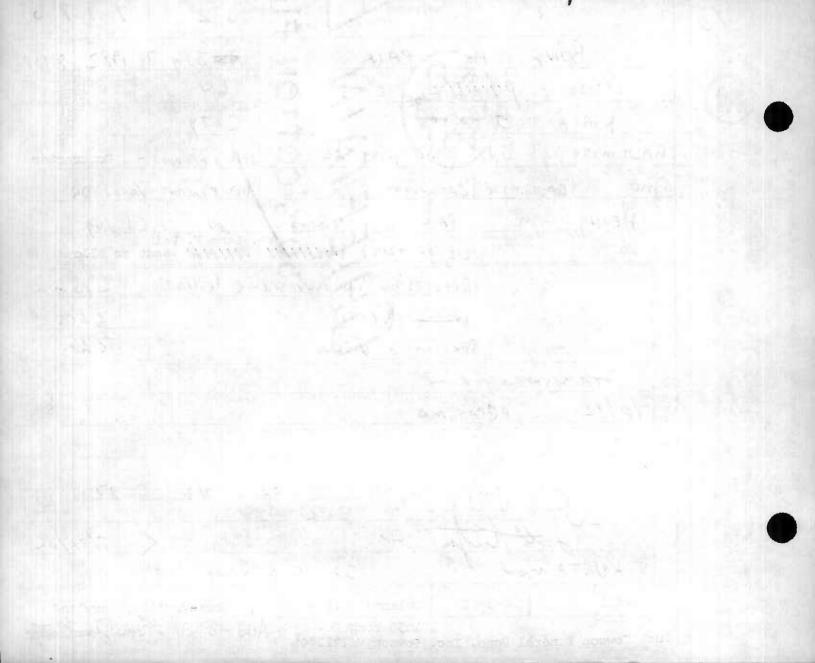
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN LTYPE OR PRINTS ESTI-DEATH MATED FOWARD 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS 2d HOUR FUNDER 24 HRS DATE BIRTHDAY PRONOUNCED Black Jan. 10, 1943 39 8:35/ Male FOR W 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 2, AND 3 TO THE FUNERA 3. RETAIN PAGE 5 FOR 2 SHOULD BE FILED, WITHI MARRIED T NEVER MARRIED FOREIGN COUNTRY U.S.A. Baltimore Md. DIVORCED WIDOWED Baltimore City 17b. KIND OF BUSINESS OR INDUSTRY Laborer-Baltimore General Hospital RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITU 5443 Jonquil Ave. 21215 13g STATE 13d. INSIDE CITY LIMITS? 13b. COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 Baltimore YES L NO [MdT. PAGES 1 AND 2 SI DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, WITH FORM PM MIDDLE LAST Louise Viola Golden Charles A Dixon 16b. SOCIAL SECURITY NO. Louis J Owens, 5443 Jonquil Ave. 21215 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH BE USED AS A BURIAL - RRANSIT PERMIT NT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, NO EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DÉATH, WITH THE STÂTE DÉPARAMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH self/inflicted 211 LOCATION 21d. INJURY OCCURRED emergency room Maryland General Hosp. Balto. Maryland AT WORK AT WORK 220 I certify that I took charge of the remains described HEAD IONLY Autopsy Inspection and in my opinion Homicide TITLE (SPECIFY) SIGNATURE SIGNED7-1-82 _MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23a BURIAL CREMATION REMOVAL Baltimore, Manuan 7/9/82 East View Mem Pk. Burial 24 FUNERAL DIRECTOR **DHMH - 17** aw Funeral Home 4611 Park Hdights Ave. (VR A15 ME (5) 20M 4/82

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Š.	ZS.3.2		ATHER'S NAME	WIDDLE	LAST	IS. MOTHER'S MAIDI			LAST	-
Ä	R DEATH AGES 1, IRM PM 1 AND 2 OF VIT	77	WILLIAM		INGTON	CECELIA		WILLIAM		
WO	NO N	1 16a.	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	45	
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O O	A PAR OF TO A PAR	MEDICAL	CONTRIBUTING CAUSE OF	DEATH 7:59		Subject shot				
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	ATE. ORV ORV JB.: F		22a I certify that I took char	ge of the remains desc	cribed obove, held on Au	DON'TY Inspectio	n . Inquiry	ond in my apinian		
	SE S		death resulted fram: Nati	orol couses ,	Accident , Suicide	, Homicide X.	Undetermined monner	,		
	ARY ARY		11	v	0 0	TITLE (SPECIFY)				
	AL COL		ACTUAL JULG	mea L	Dolan	M.D. Assistant	MEDICAL EXAMINER	DATE 7	1/2/82	
	ORE STATE	7						510/125		
	FINE TIME	4	EXAMINER'S NAME (TYPE OR PRINT)	rginia L.	Dolan, M.D.	ADDRESS 111	Penn St. Bal	Ito. MD.		
	BATO PER O	23a.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETER		23d. LOCATION			
hon!	BP.	1	(SPECIFY) BURIAI	7-7-82	NEW CATHE	DRAL CEUT	BALTIMORE	COUNTY	YLAND	TE.
100		24	FUNERAL DIRECTOR			23d. DATE	REC'D. BY REGISTRAR 256. REG	GISTEAR'S SIGNA	1185	
	DHMH - 17 (VR A15 ME (5))		E.L. PHILLIPS	1721 ADDRESS	MONROE ST.	.RU	7 1982 Fran	un Van	helle	-
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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REGISTRAR		CEN	THICKIE OF DEATH	REG. NO.			
1. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
	NNA (nmi	PALM	ER	7	12 82 0130 h		
SEX	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
female	whit	e Jû	aly 19, 1905	76	MONTHS DAYS HOURS MIN.		
BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8.	RIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH		
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BALTIMORE		NS HOPKINS		Supply Distri			
SUAL RESIDENCE (IF NURSING 30 STATE Md.	COUNTY	GIVE RESIDENCE BEFORE ADMISSI 13c. CHTY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1107 Harper	Way 21205		
FATHER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA				
Joseph	MIDDLE	Rusinek	Eleanor	MIDDLE	Bialek		
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(YES NO UNKNOWN)	TES, ONE WAR OR DATES	183.18.6876	Joseph Jakie	lski (Son) Sa	me as 13e		
IS CAUSE OF DEATH	Enter only one couse per	line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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cause (a), stating	the DUETO OF	AS A CONSEQUENCE O	F . 03	*			
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NO NO							
190 DATE OF OPERATIO	N 196. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED		
190 DATE OF OPERATIO				YES NO NO	ERTIFYING CAUSES OF DEATH?		
		FINJURY M. MONTH DAY YE	AR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)		
(IF EITHER, NOTIFY MEDICAL	EXAMINER) P./	۸1	9				
21d. INJURY OCCURRED	LAT HOME STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
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220.1 certify that the (th			18 19 62				
sow the deceased of	dive on 7/12	19 82	, and that in (my) (and apinion	death occurred on the date and	hour and from the causes stated		
226. SIGNATURE	Tata fior view the body i	offer degin.	DEGREE		226 DATE SIGNED		
mother	4 Hares	sky mr) ATTENDING	MEDICAL STAFF	4 74.2182		
22d PHYSICIAN S NAME	TABLE DE MINITE		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	2 7/13/42		
		DI SKOZ	ZZE. MODRESS	11			
		ocorrec	Johnstop	on todas	1		
Burial, CREMATION, REA			F CEMETERY OR CREMATORY	23d. LOCATION	°COUNTY STATE		
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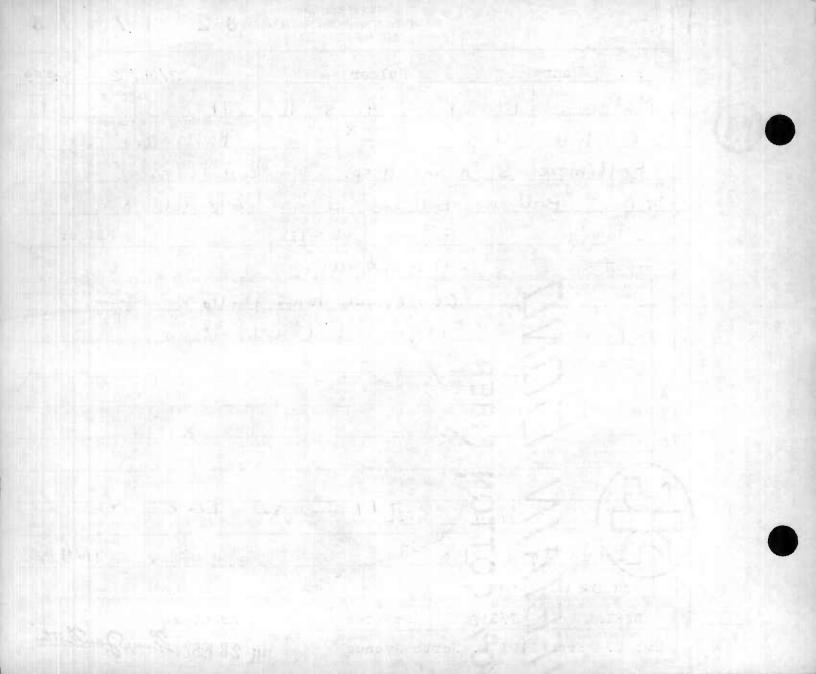
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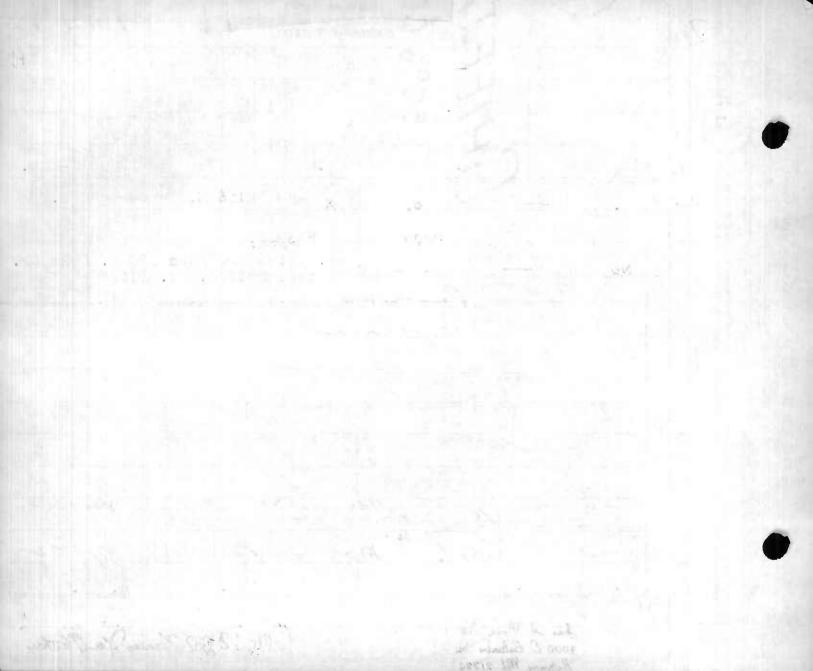
24 FUNERALDIRECTOR
Walter Brooks Bradley, Inc., 1841to., Md. 21222

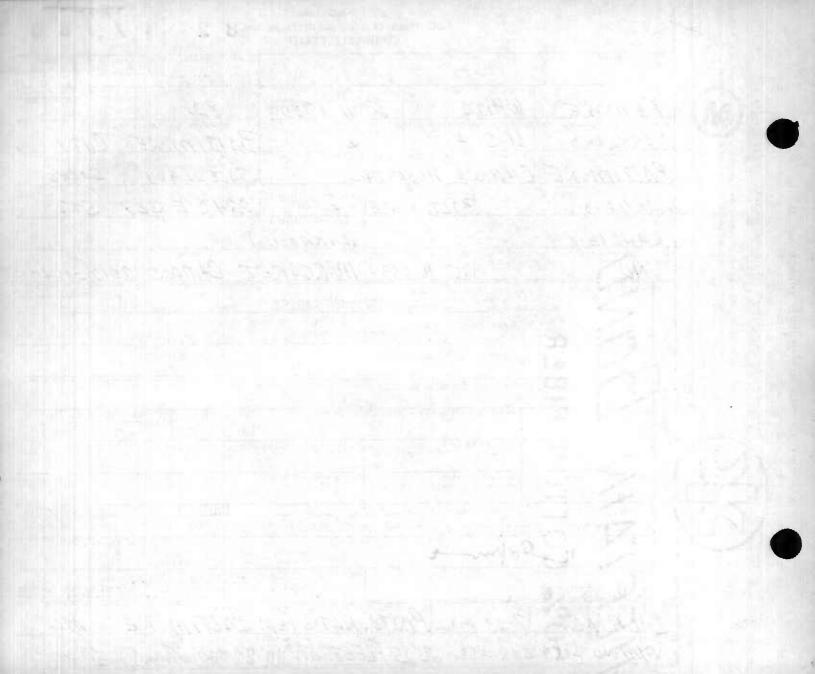
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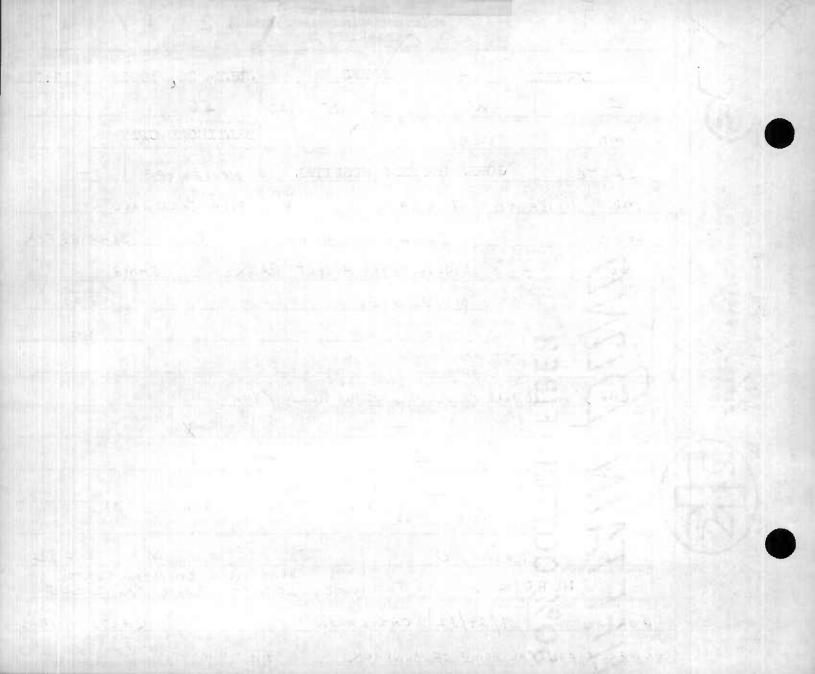




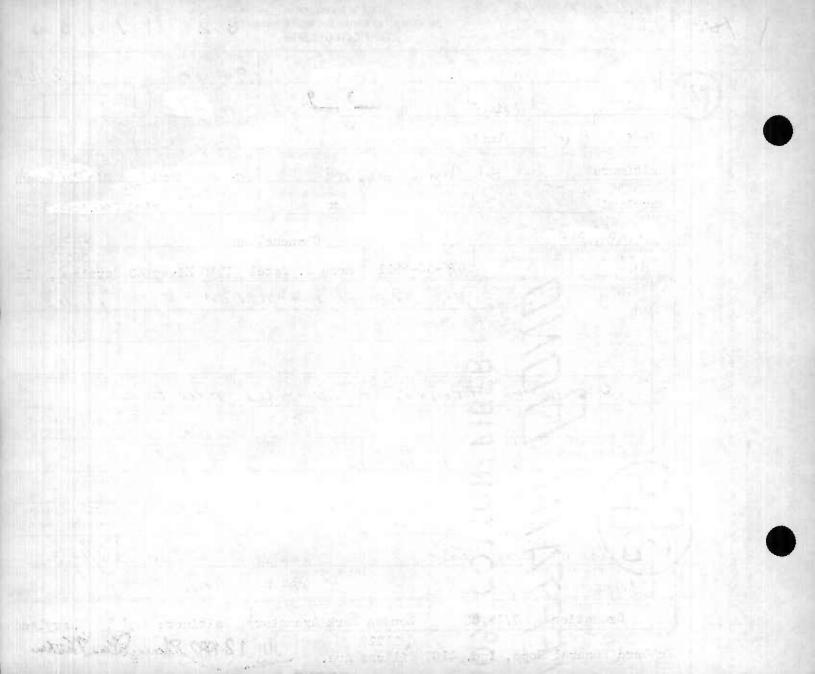
STATE OF MARYLAND

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3	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	17982
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hin 24 hour sty filled in should be to shoul	WOUAL RESIDENCE HE NURSING HO	DME R OTHER INSTITUTION GIVE RESIDENCE EOUNTY 13c. CITY OR	BEFORE ADMISSION)	130. STREET ADDRESS 8114 CORN	WALL RD.
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> 10 0 0 T 8	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2)
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000 BP	230 BURIAL, CREMATION, REMO	7/29/82	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	BALTO MD.
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71		India	India	WIDOWE		BALTO	City		MD.
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9		altimore AL RESIDENCE (IF NURS HORE)	St. Har	163 405	pital	Grocery	Store	High	s Store
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or Item 18 shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
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or #	MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION				
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121		sow the deceosed alive on above, (1) (we) (did) (did no	view the bady ofter death.	_19 <i>2</i> 16_, on	ofthat in (my) (our) opinio	n death occurred an !	date and hour	and from the c	couses stoted
If Iten	1	22b. SIGNATURE	1 +		DEGREE ATTENDING	MEDICAL	STAFF	THE DATE!	SIGNIO
ž		22d PHYSICIAN'S NAME (TYPE O	corantes		PHYSICIAN	DIRECTOR PH	YSICIAN E	1/10	182
MPORTANT:		CARLOS G.	GOLANTE		87 - Ago	ues Hosp		. /	
, =	230 E	URIAL, CREMATION, REMOVAL	23b DATE		METERY OR CREM ORY	CITY OF TOW	N	COUNTY	67.77
		Cremation	7/12/82	Loudon	Park Cremat	ory Balti	more	_	Maryland
1/B)		Diveral Director Dobard Funeral Ho	ome Too /10	ORESS 21229	9 25a DA	TE REC'D BY REGISTE	CHARLES REGISTR	SSIGNA	Kerthen
		CALCACT III	- 11C. 41U	MITKEL	AVE.				



10	Ľ	FOR STATE REGISTRAR		TMENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	REG. NO		9 1	8 4
be 3 dearh		CEASED NAME BARB		F	ATTEN	0	/ /	82	338"
4 4	3. SE	A emale,	1. RACE CAUC.	5. DATE O	H DAY YEAR	6. AGE LINYEARS LAST BIR 48	YRS.	S DAYS	HOURS MIN.
deoth. Poge		Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIE	DIVORCED	Baltimore city o	re City		M
ors offer		Balto.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	OSPIT	TAL.	TYPE OF WORK FOR MOST O Housewif	ON IT WORKING LIFE IN	HOME	BUSINESS OR
hin 24 hou ily filled in should be	130. Ma		other institution give residence before ITY 136. CITY OR TO 21236	WN /		3726 Jor	pa Roa	.d	
Segundary Segundary	0	Morris	S. Haine		Nellie	M.		Spend	cer
be executed on and comp s. Poges I on generated factors and second factors are medical factors.	16a \	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 219–32–		George C. F	Patten3726			21236
rtificate physici on poper ewent, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT			reast Cancer			BETWEEN ON	ATE INTERVAL ISET AND DEATH
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low requires s been signed remit. Then plipping prior to buri	LION		CONDITIONS CONTRIBUTING TO	ilure		inal disease or con			
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES O	SS USED OF DEATH?
PHYSICIAN: The ending physicion this certificate he buriol-tronsit produced Amental Hygier do them 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART) (OR PART 2)	
G PH offend offer this s the b ond /	MEDICAL	21d. INJURY OCCURRED WHITE OCCURRED AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC]	211 LOCATION STREET	CITY OR TO	wn (YTHUO	STATE
TTEN pitol TOR for us		220 1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (djd) (did pat	(o) ottended the deceosed from 7/21 19.	00	nd that in (my) (our) opinion of	, to deoth occurred on the do	7/2/, 19 8		ot (I) (we) lost uses stoted
the horner to DIRE		22h SIGNATURE	Rend	A	DEGREE 1. 0. ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		7/21	1/82
TO HOSPITAL Cretoined by the TO FUNERAL Bshould be deton with the Store EliMPORTANT: If		Clifford L. An	nend		Sinai Hospi	tal Bulti	more /	ud.	
DOGBP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cemation			EMETERY OR CREMATORY Mount Cemet	23d LOCATION CITY OR TOWN Balt	imore.	Mary	vland
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR Lliam E. John	nson 8521 Loc	ch Ra	ven Blvd.	LEGS TA MED STAR	25 EGISTR R	SIGNA	- T

ALUM ARTER 15 14 PROSE ten a delina del al como dell'in anti-The futer cover many 2500 manager of the

STATE OF MARYLAND

MPORTANT: If Item 21 is marked ar Item 18 shaws any

DHMH - 16 50M 1/B1 (VRA 15, 4)

				STATE	OF MARYLAND				
1	FOR - STATE				EALTH AND MENTAL HYG	IENE A 2	1	7 9	8 6
	REGISTRAR		CE	RTIF	CATE OF DEATH	REG. N	10.		0 0
	CEASED NAME FIRST		MIDDLE	- LA	AST	20. DATE OF DEATH	MONTH DA	Y YEAR 2	Th HOUR
	MARKET	V	PAT	IE	ERSON		77	82	11 PM
3. SE	X	RACE	5. D	ATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF		HOURS MIN.
		Neg	10	12	03 91	90	YRS.		
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN 6	WHAT COUNTRY? 8	ARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
	MD	US	344	DOWE		Baltimos	e ?	ty	MD.
10. C	ITY OR TOWN OF DEATH	NAME OF	HOSPITAL, NURSING HO		ROTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
F	salfruore s	SE	MEACHIT, GIVE STREET ADDRE	S	enthosp	HOUSE W			me
13a.	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	O-	134 CITY OF TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	MD Ratto	CHY	Balto		YES NO	2471 W	est par	TSI	
14. F	ATHER'S NAME	DLE	LAST		15 MOTHER'S MAIDEN NAM	MEUNR	2	LAST	
	Mortimer		Brown		Helei		BROW.	1	
	WAS DECEASED EVER IN U.S. ARME		166 SOCIAL SECURITY	NO.	17 INFORMANT	ADDR	ESS		
(YES NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES	2150558	51	Dorothy Pat	terson 2	471 We	stpor	t St.
	18 CAUSE OF DEATH Enter only 6	one couse per	line far (a), (b), and (c)		1			APPROXIMA BETWEEN ON	ATE INTERVAL
	PART I DEATH WAS CAUSED B	Y:	cardiac	, (arrest				
	4275			0.5					
	Canditions, if ony, which	(b)	R AS A CONSEQUENCE	OF				HACT NO.	
	gave rise to immediate cause (a), stating the								
	underlying couse lost.	DUE 10, O	R AS A CONSEQUENCE	10					
	PART 2 OTHER SIGNIFICANT COM	VOITIONS CO	ONTRIBUTING TO DEATH	HRIITA	NOT BELATED TO THE TERM	INIAI DISEASE OD CON	DITION CAVE	LINI DADT 1	
NO			SAMMOOTING TO BEAT	001	TOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVET	A IIA PAKI TIQ	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPER	RATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES,	WERE FINDING	SUSED
TE		-				YES T NOT	YES	NG CAUSES O	NO T
CER	210. ACCIDENT WAS UNDERLYING	216. TIME O			21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJL	IRY IN ITEM 18 PAR	T I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.	M. MONTH DAY	YEAR 19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
W	WHILE NOT WHILE AT WORK	(AT HOME STR	REET FACTORY, OFFICE, FARM, E	TC }	STREET	CITY OR TO	NWN	COUNTY	STATE
	220.1 certify that (1) this hospital		e deceased fram	NE	19 1982	10_ JULY	7 . 19	89_ the	ot (I) (we) last
	saw the deceased alive an abave, (1) (did) (did nat; v	JUL'		, and	d that in (my) Our apinion o	leath occurred on the d	ate and hour c	and from the co	uses stated
	22h SIGNATURE			D	PEGREE			224 DATE SH	GNED
	174 (copre u	D		M	D ATTENDING PHYSICIAN	MEDICAL STA		17/7	182
	22d. PHYSICIAN'S NAME (TYPE OR PR	INT)			22e ADDRESS	,			
	R.H. Cooke				3001 0+	lanover			

230 BURIAL, CREMATION, REMOVAL Burial

7/12/82

23c NAME OF CEMETERY OR CREMATORY Mt. Auburn

Balto.

Md.

STATE

24 FUNERAL DIRECTOR

Chas. A. Rice FSPA 1300 EUtaw Pl.

DATE REC'D. BY REGISTRAP 256 REGISTRAP'S SIGNATURE

A STATE OF THE PROPERTY OF THE manufacture benefit to the same and the same A Program of the company of the comp original property of the control of

51	- 5		DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	0 4	17	9	8 7
		EGISTRAR Alma E.	Patti	CERTIFIC		REG. N	O. MONTH DAY	YEAR	2b HOUR
	YPE OR	ADED LAWINE	8	P	otto	to DATE OF DEATH	7 3	82	400
3.	SEX		RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR	THDAY) IF UT	NDER I YEAR	IF UNDER 24 HR
	F	EMALE	WHITE	MONTH	- 27 - 15	67	YRS.		HOURS MIN
61	BIRTI		CITIZEN OF WHAT COUNTI	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore city	(2 4	DEATH	
3 10	Bo	or TOWN OF DEATH	1. NAME OF HOSPITAL, NUE SOUTH BAITO.	SING HOME OF REET ADDRESS) General	Hosp.	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSewif	OF WORKING LIFE)		OF BUSINESS C
3	le. STA	RESIDENCE (IF NURSING HOME OR C	IY II3 CITY OR T	NOWN	YES NO B	13. STREET ADDRESS	FATCRES	74	· U Q:
1111	FATH	ER'S NAME FIRST UN Know	Phi	illips	15. MOTHER'S MAIDEN NA	MUNICATION		LAS	51
2		S DECEASED EVER IN U.S. ARM NO OR UNKNOWN) (IF YES, GIVE V	MAR OR DATES) 212-07-		John S. Pa	tti II 507	Morris		(21093
	18	CAUSE OF DEATH (Enter only	y one couse per line for (a), (b)	, and ici.)		7		BETWEEN	ONSET AND DEAT
	P	couse (a), stating the underlying couse lost. ART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE (c) OV > OCI ONDITIONS CONTRIBUTING	ble tur	ot related to the term	NEWTO CULLEY			
9	CERTIFICATION 51	B. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
		0. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1	OR PART 2]	
	WEDIG	MILE NOT WHILE TWORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.]	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
21 is morked	2	20.1 certify that (I) (this haspit	7-3		d that in (my) Our opinion	death accurred on the c	.3 19. date and hour or		that (I) (we) i
T. H Hea	2	26 SIGNATURE	layo n	200	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN (2)	72c. DATE	-3-82
MPORTANT: #	2	24. PHYSICIAN'\$ NAME (1)	Edwin & Pag	jan	3001 South	Hansver s	treet		
₹ 7	(SPI	RIAL, CREMATION, REMOVAL CIFY) rial	7/6/82	Loudon	METERY OR CREMATORY Park Cemeter	23d LOCATION CITY OF TOWN Baltin	ore	UNTY	STATE Md.
		rege J. Gonce	TODRES	s	256. DA	YE REC'D. BY REGISTRA	RIZSB. REGISTRAI	4917 C	TURE

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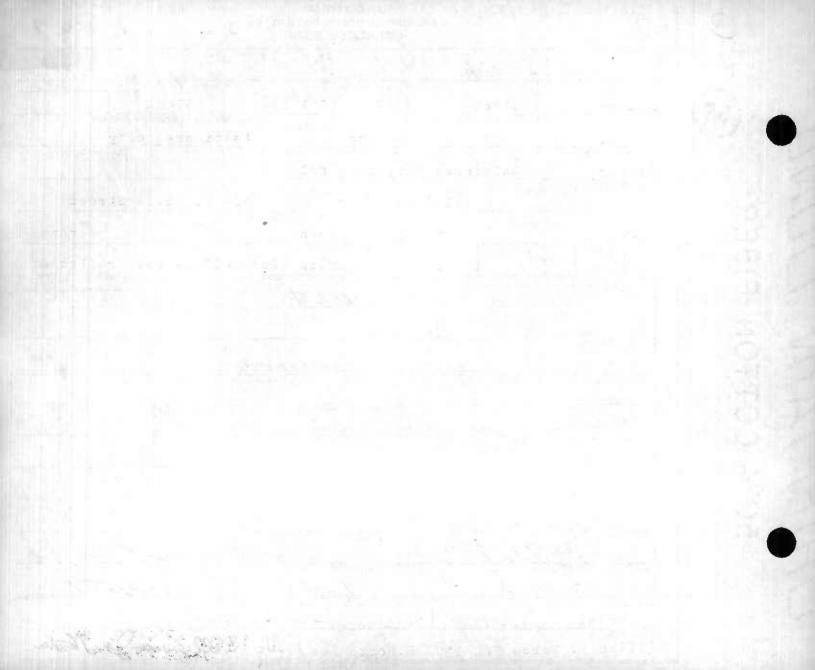
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. I	NO.			
	CEASED NAME	FIRST		MIDDLE	l.	AST		20. DATE OF DEATH		AY YEAR	26 HOUR	
		ENRY	NO	RBERT	PA	UL SR		7	115/9	72	10° em	A M
3 SE	X		4 RACE		5. DATE C		- 1	AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 H	HR5
	Male	1 60	White		Apri	1 25 188	35	97	YRS	ONTHS DAYS	HOURS M	AIN.
	RTHPLACE (STATE OF I	FOREIGN		WHAT COUNTRY	? 8	NEVER MARK) ED	BALTIMORE CITY		OF DEATH		
	Penna		U.S	.A.	WIDOWE		CED	BALTIMO	RE CIT	Y		MD
10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF H	HOSPITAL, NURS	ING HOME O	R OTHER INSTITUT		120. USUAL OCCUPA		126. KIND	OF BUSINESS	
	BALTIMORE		UNION	MEMORIA	L HOSP	ITAL		Engineer			anical	
USU,	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFO		13d INSIDE CITY L	IMITS?	3. STREET ADDRESS				
	Md.			Balto.		YES X NO		30 STREET ADDRESS	land A	ve.		
14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MA		E				
	Edward	N		Paul		Matilda	a	MIDDLE	(Suther	man	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	HEW.	ADDI	RESS		- 4	
	No			214-03-	0307	Henry N	Norbe	rt Paul Jr	٠.	Balto.	,Md.	
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), p	ind ic	,		1		BETWEEN	ONSET AND DEA	TH
	PART I. DEATH W		E CAUSE (b)	Clerdy	pul	monary	a	rest				
	2765		DUE TO OF	R AS A CONSEO	UENCE OF	. (_			EW THE			
	Conditions, if any,		(b)_	10 0.0.	mor	ud a	UTH	JEPS15				
	gove rise to imm couse (a), statin		DUE TO O	RAS ACONSEDI	LIENGE OF	1	160		16 27	1000		
	underlying couse	lost	(c)	detr	ydr	elion						
-	PART 2, OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CO	VDITION GIVE	N IN PART I	0 '	
CERTIFICATION	1491013	NSI.	ON,	COL2	CTUN	ry						
CA	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFORME	D	20a AUTOPSY?	20b. IF YES,	WERE FINDE	NGS USED OF DEATH?	
RTIF								YES NO	YES		NO 🗌	
	210. ACCIDENT WAS UND		1 216. TIME OF	FINJURY M. MONTH [DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM TO PA	R1 1 OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDIC	CAL EXAMINER	100 P.		6 188							
MED	21d INJURY OCCURE		21e PLACE	OF INJURY SET FACTORY OFFICE	FARM ETC)	211 LOCATION		CITY OR T	OWN	COUNTY	STATE	
	WHILE NOT WH	RK				1	-0.0	7	111	- 00		
	22a.1 certify that (1)	1		2 11/	1/- 0	+/14 15	87	, to	1/6,1	9 1	that (I)	lost
	sow the decease above, (I) (we) (a	did rel	yes the body	TIP 19.	a.A., on	d that in (my) (our)	opinion de	oth occurred on the o	date and hour	and from the	couses stated	1
	226. SIGNATURE	0	V	12/11	- / 0	DEGREE	10410			22c. DATE	SIGNED	
	Junen	7/	2- De	sty ru	1	PHYS	ICIAN	MEDICAL STA			N LUC	
	22d. PHYSICIAN'S NA	WE CTYPE OF	R PRINT)	~/_	2 0	22e ADDRESS			1 -1	2 1	1 -	
	KVL	V6	5. (90TTH	RIED	UNION	MEN	MORIAL	HOST	0	MLY.	M
23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23€.	NAME OF CE	METERY OR CREM	IATORY	23d LOCATION		COUNTY		
	Burial		7-21-			ne Park		Balto.	Balt	0.	Md.	
24 FL	INERAL DIRECTOR			4	1005 V	ork Rd.	25- DATE	DEC'D BY DECICEDA	Non production	ADJO HARATA	Sec. of	_
	Henry W.			ADDRESS	+900 1	ork Ru.	ZJO. DATE	9 1982 Z	ATLEGG STA	AR'S STORM	CONTRACT.	

DHMH - 16 50M 1/B1 (VRA 15, 4)

The base gran . 0718E 814-03-0507 Henry Norbart Paul Jr. Balto. THE STATE OF THE S en en la constante de la const

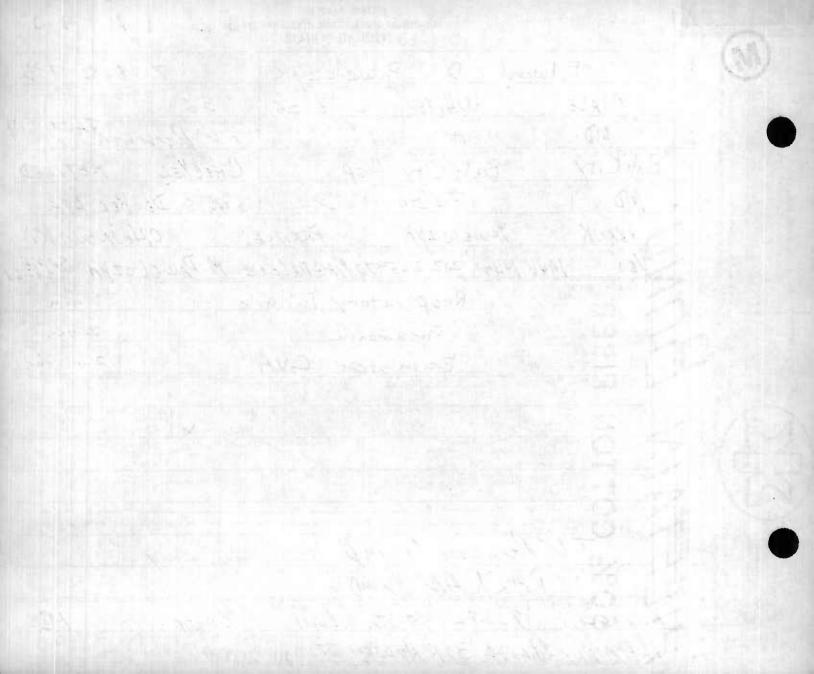
<u> </u>	item	3 /G5	70 8/1	1/82	ph		TE OF MAR							
3	FOR STATE REGIST				DEP	ARTMENT OF	HEALTH AN	ND MENTAL HY	GIENE 8	2 REG. N	10.	7	9 8	3 9
e o d	I. DECEASED N (TYPE OR PRINT)	I C S	FIRST.		A.	/	and	2	20. DATE	OF DEATH	MONTH	2		HOUR S LS M
	3 SEX Fem	ale	4. 1	blac	k	5. DATI				INVEARS LAST BY		IF UNDER		UNDER 24 HRS. OURS MIN.
M.	70. BIRTHPLAC	state or fo	PREIGN 7b.	CITIZEN OF USA	WHAT COUN	MARE	NED NEV	ER MARRIED		MORECITY (YOFDEA	тн	MD.
offine with	Baltin	nore	91	Balt	imore	URSING HOMI STREET ADDRESS) City	Hospi			AL OCCUPAT VORK FOR MOST		IPE) 12b. K		USINESS OR
35	USUAL RESIDE 130. STATE MC	1	IG HOME OR OTH	ER INSTITUTION	13c. CITY OR	BEFORE ADMISSIO		DE CITY LIMITS?	130. STRE 93	et address N.	Wolfe	St:	reet	
and		AME RST Dhn	MID	OLE	LAS N	ewby		ER'S MAIDEN N	AME	WIDDLE			Jor	dan
s. Pages e medical	160 WAS DECE (YES, NO OR U N C	INKNOWN)	U.S. ARMEI		16b. SOCIAL	SECURITY NO A		mant vian Ri	.ch 2	D37 E				
remation, ar remaval.	Candition gave recause	ans, if any, is ise to imme (a), stating	which	AUSE (a) DUE TO, O	R AS A CONS	SEQUENCE OF	an	rost	A 1		_H.	861	WEEN ONS	TE INTERVAL
prior to burial, cr any injury, ar ath	PART 2.	OTHER SIGNI	FICANT CON		ONTRIBUTING	TO DEATH BI	JT NOT RELA	TED TO THE TER	MINAL DISE	ASE OR CON	20b-IF YE	S, WERE I	FINDINGS	S USED
×3 e	STIFIC P	126/8	12		nue	utu (euce	nim	YES [NOD	IN CERTI	IFÝING CA	AUSES OF	DEATH?
or Item 18	OR CONTE	DENT WAS UNDER RIBUTING CA R NOTIFY MEDICA IRY OCCURRE	USE OF DEATH	P. 21e PLACE	M. MONTH M. OF INJURY	H DAY YEA	21f. LOC/	V INJURY OCCU	RRED (ENTE	CITY OR TO		PART I OR P		STATE
i is marked	27s.1 cer	the server)	L	ne deceased f			19 /2		7/	4	. 19	2, the	(1) we) lost
T: If them 2	72% 54G4		Seel	leed	after death.		DEGREE	ATTENDING PHYSICIAN	MEDIC		FF anguages		DATE SIG	
with the State IMPORTANT: H	224. PHV	VUS	AE (Type OR PR	nd d			22e ADD	rult	· Ci	t	Ha	in	tul	
s <u><</u> 1	230. BURIAL, CI			3b. DATE	0.0			C C T C T	(CAHON CITY OR TOWN		COUNTY		STATE
	24 FUNERAL D	rial		7/16/	82	Balti	more	Cemete	TY BE	11tim	PE RECIS	THAKS SI	CNA ADI	Md
2/B0			Marc	h F/	H 1100	F NO	* + b A]	113	1982	since	Va	JA	when



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2



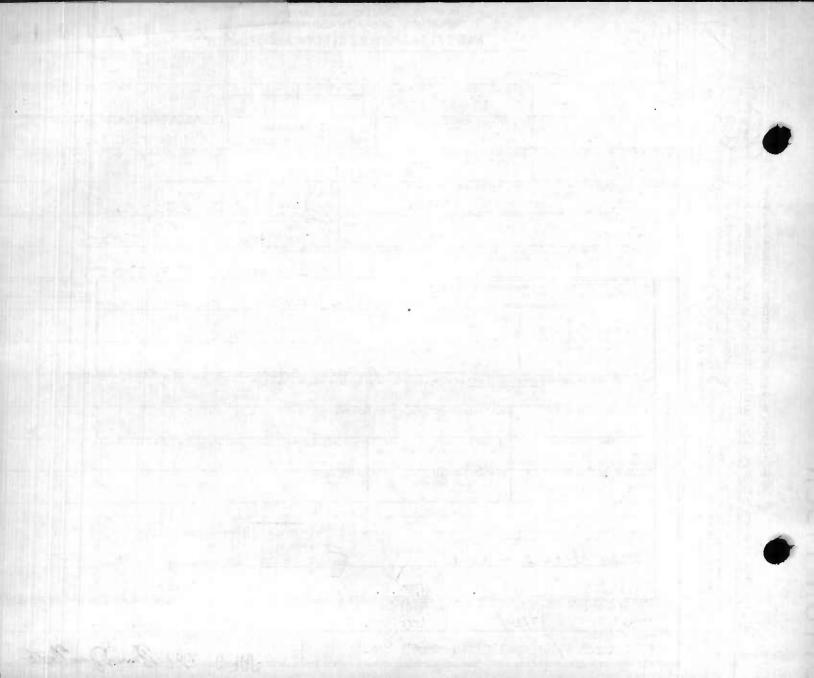
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X 7b HOUR (TYPE OR PRINT) OF ESTI-Anderson 1082 Pearson 6 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS 2d HOUR DATE 12 12 PRONOUNCED 9:32 p.m LAST BIRTHDAY) Male 3 24 Black 58 1982 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) S.C. USA Baltimore City. WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital UAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Md. Balto. NO [1645 E. 25th St. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST EIRST FIRST Benjamin Pearson Josephine Slater 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 1645 E. 25th St. No Sadie Pearson 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 SHOULD BE USED AS A BURIAL - TRANGIT PERMI DEPARTMENT OF HEALTH AND MENTAL HYGIENE PRIÇR TO BURIAL, CREMATION, OR REMOVAL Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (ATHOME. 21L LOCATION YO MED.

EXECUTE THE CRUIT.

PAGE 4 SHOULD BE FORWARD.

TO FUNERAL DIRECTOR: PAGE 3:

AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM FTC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Inspection XX 22a I certify that I took charge of the remains described above, held on Autopsy Natural causes XX death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant 7-7-82 SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 7/10/82 Baltimore Co., Md. Burial King Mem. Pk. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Win C March F/H 1101 E. North Ave. (VR A15 ME (5))



- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52 CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 17b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

ADDRESS Dorothy Peay Ransom 3700 Marmon Avenue

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 |

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23

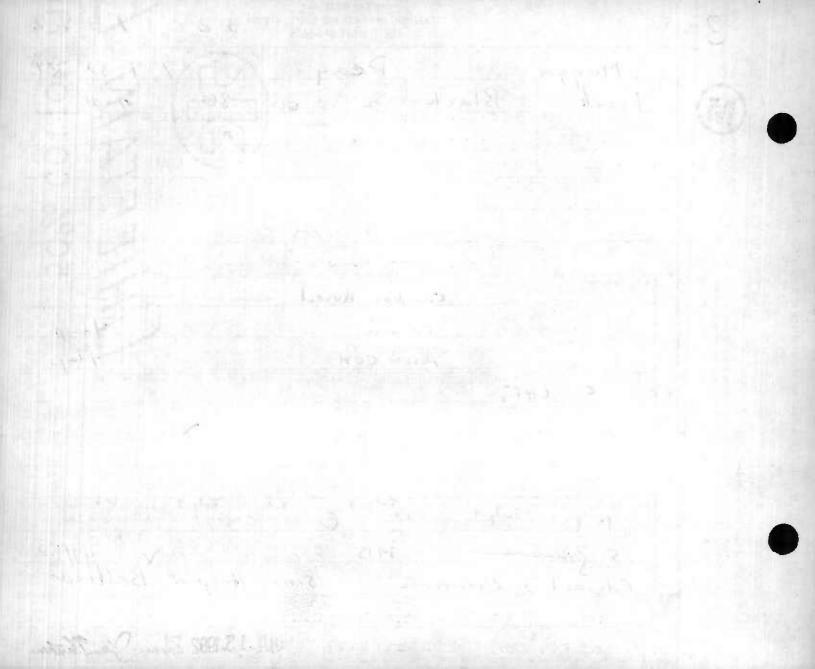
22c. DATE SIGNED

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

1101 E. North Ave. Wm. C. March F/H, INc.

COUNTY



STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	
CERTIFICATE OF DEATH	V	fine	

X	1-	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.												3
		CEASED NAME OR PRINT)	FIRST	Lawrer	nce PEN	NIN	IAN Jr.	20. DATE OF D	EATH	7.	DAY 16.	82	12 HO	
	3, SE:	X	- 7	4. RACE		5 DATE C		6 AGE (IN YEAR	RS LAST BIRT	THDAY	MONTH	DER I YEAR	IF UNDER	R 24 HRS
Н	_	Male		White		Feb.		90		YRS				
<		RTHPLACE (STATE OR FO	TIE.	U.S.		WIDOWE		9 BALTIMORE Baltin	_			EATH		MD.
0	1	Baltimore		Kesw:	ick Home	DDRESS)	DR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO Engir	OR MOST OF	F WORKING	LIFE) 121	L KIND CONTRY Gas		ESS OR Elect
5	136. 5	AL RESIDENCE (IF NURSITATE Md.	13b COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Balto.		YES X NO [13e STREET AD 4401		land	Ave	€.		
P	14. FA	THER'S NAME		MIDDIE	LAST		15 MOTHER'S MAIDEN NAM		MIDDLE		X	LAS	T	
7	14 - 14			nce Per				steau	Owi	-	Gr	iffit	7	
		VAS DECEASED EVER I (ES, NO OR UNKNOWN)		E WAR OR DATES)	212-05-		R.C. Dann	ettel	ADDRE		to.	.Md		
	NOI	Conditions, if ony, gove rise to imm cause (a), stoting underlying cause	which ediate the last	DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE C	DR CONE	DITION GI	VEN IN		day	<i>p</i>
7	CERTIFICATION	190 DATE OF OPERATI	ION	196 CONDIT	ION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPS	40[] 243	IN CERT		CAUSES		TH?
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	N	while at work 22a I certify that the saw the deceased abave, (I) (18) (4)	this hospit	ol) ottended the	deceased from	2/. ar	27 , 19 79 opinion of DEGREE	, to death accurred c	on the da	6 ate and ha			that (1) ((goode) last
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	230 B	URIAL, CREMATION, R	REMOVAL	23b DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d LOCATIO	NC					

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

St. Thomas 4905 York Rdw

Owings Mills Md. Balto.

REGICTIAR'S SIGNATURE Henry W. Jenkins & Sons Co., Balto., Md.

Esizo. Salare Holand No. 19 . No. of the State of the State

- STATE

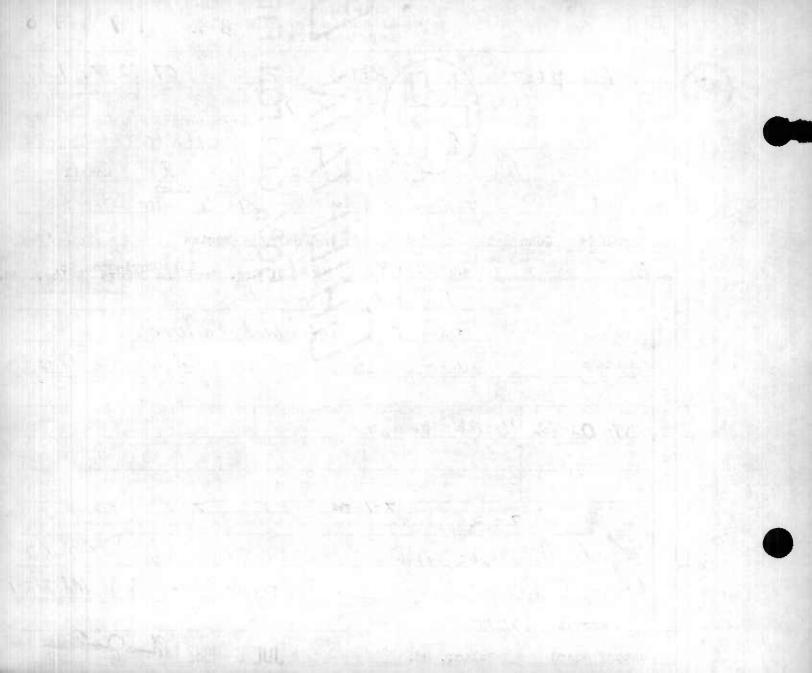
STATE OF MARYLAND

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			Dorsey			Pe	erkins			Cathe	rine				Ga	ines	5
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M	~ III > ~ ~ U - ~	CERTIFICATION	19a DATE OF C	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?		JO 10			20 AL	JTOPSY?	1
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	WEDICAL EXAMINER: CUTE THE CERTIFICATE, EL S SHOULD BE FORV. EUNERAL DIRECTOR. FIR DEATH, WITH THE S: FIR DEATH, WITH THE				ge of the remains des			Autop		Inspection		Inquiry L		I in my of	oinion		
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10	DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS	1.1	L01 E.	NO		LOW DATE N	4 =	LOISTRAR	M. KLOIS	NAM 33	A CA	V.	1
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Balto., Md.



NATTER FURENCE HOME 3035 W. NORTHAND JU

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

REGISTRAR

- STATE

(VRA 15, 4)

Am 25 ... 82 Y COUNTY CHANGE - TRUE - FOR

- STATE

1. DECEASED NAME

(TYPE OR PRINT) 6"

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧸 CERTIFICATE OF DEATH LAST 2a. DATE OF DEATH 2h HOUR 1982 E UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST PRINORKING UNIT TINDUSTRY ouse French Hanin 210 N.Chester Street 10 N. Chester Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN HEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED REGISTRAR 25 REGISTRAR'S SIGNA

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Catonsville, Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

MacNabb Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	1 -	FOR STATE REGISTRAR				ERTIFICATE OF		250 110	8 0	0	0
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1999E	¥	WHILE AT WORK AT WORK [Δ	Home		STREET Wellsback Sy XX, Inspection			my opinion		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2		death resulted from: / NOW ACTUAL SIGNATURE	ol couses .	Accident , Su	ncideM	Homicide XX. TITLE (SPECIFY) A.D. Assistant	Undetermined mann		DATE SIGNED	7-30	-82
TO MEDIC EXECUTE: PAGE 4 S TO FUNE SALUMO	72. P	EXAMINER'S NAME HOP	mez R. Gua	IZ3C NAME OF CE	AAETEDY O	ADDRESS	Penn Stre				
2636BP-	24 FI	remation JNERAL DIRECTOR	7-31-82	Westvie	w Me	em. Park	Westview 10. BY REGISTRAR	Balta	AR'S HGN	nd.	STATE
DHMH - 17 (VR A15 ME (5))	C.	.S. Zeiler & Son	Inc. 622	4 Eastern A	venue	AUI	u - 2 1982	Many	- Offer	ollest	Sea .

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ASS. N. A.		zechoslovakia	U.S.A	_		VED 😾 DIVORC		Itimore			MD.
A PACKETS	10. C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL OCCU	PATION (TYPE OF	FWORK 1	OR IND	F BUSINESS
ZOZE W	1	Baltimore		ellsback A	venue		Retire	d		Groc	
EE, MD. 21201 EATH. IF ANY DELAY IS IN EST 1, 2, AND 31 OTHER PM 31. RETAIN PAGE IND 2 SHOULD BE FILED. ENTIAL RECORDS, 201	USU.	AL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	(NOI)	L. Cold and					
AND 3 RETAIL HOULD	44	rate villand 136. COUN'	TY	Baltimon	0	13d. INSIDE CITY LIMITS?	130 STREET ADDRE	Usback	1	2	1224
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BALTIMORE SS AFTER DEA GIVE PAGES INTH FORM P PAGES I AN BIVISION OF V		No		217-32-8	813	Mary Ker	ner 8101	Shore R	oad	21222	
DURS / DURS / DURS / NITH PAIT. PAIT		18. CAUSE OF DEATH (Enter onl	y one couse per line	for (o), (b), ond (c).)						APPROX	IMATE INTERVAL
MA TON		PART I DEATH WAS CAUSED	BY: E CAUSE (a)	Gunshot wou	und o	f Head	(unspecit	fied)		OE WEEK	NAME AND DEATH
2 4 E E E E E E E E E E E E E E E E E E		4654 IMMEDIA	r cyost (a)	AS A CONSEQUENCE		2011					
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L EXAMINER: TO CERTIFICATE, DULG BE FORW IL DIRECTOR: PH, WITH THE ST MARYLAND, S.		22a. I certify that I took charg	e of the remoins des	cribed obove, held on	Autap	sy XX Inspectio	n , Inquiry	Ond i	ın my opi	inion	
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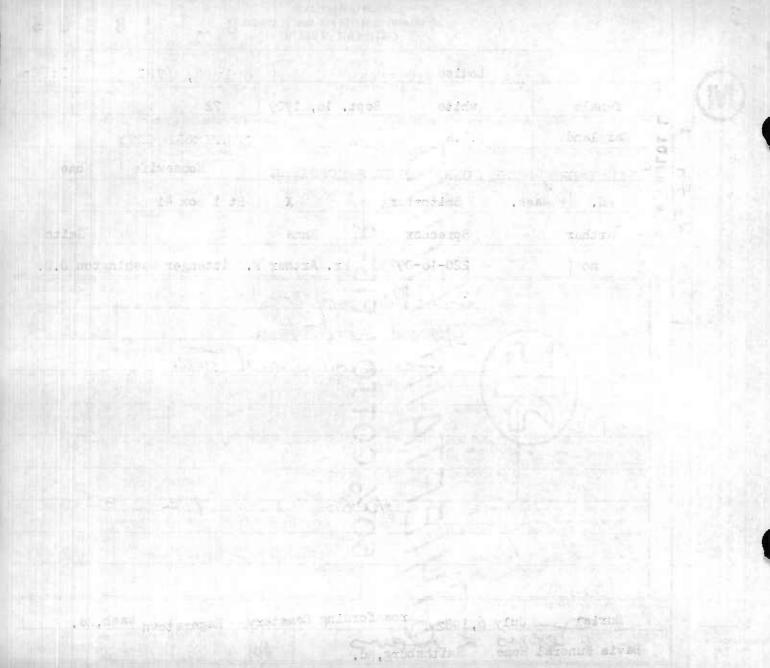
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S, 21201 PRIOR TO BURIAL, CREMAIION, OR REMOVAL.		lying cous				NSEOUENCE (OR CONDITION GIVEN	N IN PARI 1 I a						
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3	(1	XAMINER'S N	IT)TIC	ormez R. G				ADDRESS	III P		treet				
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des 3		CEASED NAME FIRST OR PRINT) Mary	MIDDLE D	atone Vs. Date Of BIRTH		4 18 82 2.°00
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on ond co		VAS DECEASED EVER IN U.S. ARA res, no or unknown) (IF yes, give	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 264-38=	6260 Mrs. Mary E.	Chapman -6	814 Everall Ave
ive requires that the deal been signed by the atter mit. Then please remove prior to buriol, cremation only injury, or other troum	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) CO VAI ONDITIONS CONTRIBUTING TO	NCE OF ESTIVE HEAT DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	Sailyne INAL DISEASE OR COND 1200 AUTOPSY?	DITION GIVEN IN PART 1(0) 70b. IF YES, WERE FINDINGS USED
cian.	CERTIFICATION			是WELLER TO	YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{NO} \)
Z & SOT W		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE HOUR A.M. MONTH DA	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	' IN ITEM 18, PART 1 OR PART 2)
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALLOG PHYSICIAN: The low requires that the death certificate ottending physicion. Iter this certificate has been signed by the ottending physic os the buriol-trainit permit. Then please remove corbon paper hand Mental Hygiene prior to buriol, cremotion, or removal.	or Item 18 shows	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS DATE IN DEATH WAS CAUSE OF DEATH OF THE INTERIOR DATE IN DEATH OF THE INTERIOR DATE IN DEATH OF THE INTERIOR DATE IN DEATH OF THE INDIVIDUAL DATE IN DEATH OF THE IND	DUE TO, OR LIP CONDITIONS COT 21b. TIME OF HOUR A.M P.M 21e. PLACE O	AS A CONSEQUENCE OF A C	DEATH BUT H OPERATIO	ARRES IN FAM MELLUS, NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES IY IN ITEM 18, PART	VERE FINDING OG CAUSES C	SS USED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201	L RECORDS, 201 V	V. PRESTON ST.	, BALTIMORE	MARYLAND 21201	9	
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.	e law requires that	t the death certif	icate be execu	ted within 24 haurs	ofner death, Poge 10	T)
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 77 hauri after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	has been signed by permit. Then please the prior to burial, c	the attending premave carbonic	hysician and capacity Pages oval.	ond 2 should be file	the funeral director po d within 72 hours after a	dead
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examine must be notified at once.	ws any injury, ar at	her traumatic eve	ent, the medical	dical examiner must be notified at and	fifted of gnoe.	

	1	FOR		TATE OF MARYLAND OF HEALTH AND MENTAL HYG	GIENE 8 2	180
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201 W. PRESTON ST., BALTIMORE, MD. 21201 UTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PIE IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECT EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR HI MALT RANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HO ON, OR REMOVAL.	We	rnon		MIDDLE	GO	wan		Rul	erst bv		MID E		(Capps		
N N N N N N N N N N N N N N N N N N N	160 V	AS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17. INFORA				ADDRESS		- APP		
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NO THE STANFOLD STANF		UNDERLYING	OR CAUSE OF	DEATH P.A		DAY YEAR										
DIVISION OF VITAL S CERTIFICATE SHOW RITING THE WORD " ROBD TO THE CHIEF AS 3 SHOULD BE USE E 25 SHOULD BE USE OF PRIOR TO BURIAL	MEDICAL	214 INTURY	CCURRED	21e PLACE	OF INJUR	(AT HOME,		CATION				174, 17				
DIV HIS CI WRITI ARDE AGE 3 ATE D	¥	WHILE	NOT WHILE (STREET, FAC	TORY, FARM,	ETC)	S	TREET			CITY OR TOWN	4	COL	JNTY		STATE
INER: THIS CERTIFICATE SHOULD FLOATE, WRITING THE WORD "PEI FORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, CAND, 21201 PRIOR										VV	1					-
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S C C C C C C C C C C C C C C C C C C C		EXAMINER'S	NAME	Hormez R.	Guar	I M.D.			111 P	enn S	treet	Balt	o. ME	212	01	
TO MEDICAL EXAMINER: THIS SEXCUTE THE CERTIFICATE, WRI PAGE 4 SHOUD BE FORWARE TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE BALTIMORE, MARYLAND, 21201	73a B	(TYPE OR PRII	TION, REMOVAL			NAME OF CEA		ND DILEGO			CATION					
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DHMH - 16 50M 1/81 (VRA 15, 4)

	STATE OF MARYLAND	
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2	
DECISTRAD	CERTIFICATE OF DEATH	

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		OR PRINT)	FIRST		MIDDLE		LAST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	2b HOL	JR
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		altimore		Baltin	nore City	Hosp	itals		Dental						
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5/	14. FA	THER'S NAME FIRST	MIC	DLE	LAST		15 MOTHER'S	MAIDEN NAM	ΛE	MIDDLE		5	LAS	7	
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2		VAS DECEASED EV	ER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT.		ADDRE	ESS7405	. Wa	aymou	th W	ay
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	CERTIFICATION	Selle	202 M	eup	Kanal	16	RScul	er,	dis	00	2R	_			
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î	CE	210. ACCIDENT WAS		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJ	URY OCCURR	ED (ENTERNAT	URE OF INJU	RY IN ITEM 18	PARTIC	OR PART 2)		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN X 2b. HOUR (TYPE OR PRINT) Bernard 1982 DEATH MATED Pople r 6 4. RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED 8;21 6 1982 Male White Dec.21.1903 & BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City United States Maryland WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Johns Hopkins Hospital Shipfitter Steel SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore NO [Mover St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph MIDDLE MIDDLE Victoria Poproch Bienkowska 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS YES 212-10-1703 Margaret Poplar W.W. II 2113 Moyer St. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ARDED TO INC. ARGED A AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO KT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FIC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE AT WORK AT WORK Inspection XX 220. I certify that I taak charge of the remains described above, held an and in my apinian Natural causes X death resulted fram: Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 7-7-82 EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY July 10,1982 St. Stanislaus Cem. Baltimore, 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR **DHMH - 17** Lilly & Zeiler Inc. 1901 Eastern Ave. (VR A15 ME (5)

20M 4/82

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iiily a gelier Inc. 1901 Cartern Ave.

THE REPORT OF THE PROPERTY OF

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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		REGISTRAR			CENTIL	ICAIL OF DEA	4111	REG. NO.		
-1		CEASED NAME FIRST		MIDDLE	- 1	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
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	3 SE)	X	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	1	FEMALE	WH:	ITE	MONT	5-2=1897	YEAR	85 YRS	MONTHS DAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNT	RY? 8	D NEVER MAI	PRIED [9 BALTIMORE CITY OR COUNTY	OF DEATH	
2		MD	V	SIA		DIVO		BALTIMORE CITY	7	MD.
)		SALTIMORE		OF HOSPITAL, NUR SUCH FACILITY, GIVE ST DTOWN HOM		of ST. P.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND C INDUSTRY	OF BUSINESS OR
5	MSU/ 13a S	AL RESIDENCE IN NURSING HOAD	SALTO	ON GIVE RESIDENCE BE	OWN	13d INSIDE CITY	LIMITS?	130. STREET ADDRESS 1643 Po	LES	RID
1	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S M	T	WIDDLE	C C C C	ST
	lán M	VAS DECEASED EVER IN U.S		2 16b SOCIALS	ECHIPITY NO	JOS 17 INFORMANT	EPH	IIVE GON	BERT	-
4			S, GIVE WAR OR DATES			EVEL	FRE	PRICE	2.800	ef:
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	7	PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING	TO DE ATH BUT	NOT RELATED TO	+	NAL DISEASE OR CONDITION GIV	EN IN PART 10	0
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1		saw the deceased alive	om / k	7 19		nd that in (my) (au	ır) apınıon d	eath occurred on the date and hou		that (I) (we) lost
		22b. SIGNATURE	not) view the bo	dy after death.		DEGREE		-	22c. DATE	
	<	Muss	Glu	2	M		ENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1	
		276. PHYSICIAN'S NAME 1	PP OR PRINT		/	22e ADDRESS			. 01	20
		AIEN	KIKL	LEI		RUITE	. 54	- HOPFBERGE	15 Dr	ad
	23a B	SURIAL, CREMATION, REMOV	AL 23b. DATE	10 /A.	/ 1	EMETERY OR CRE	MATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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CERTIFICATE OF DEATH

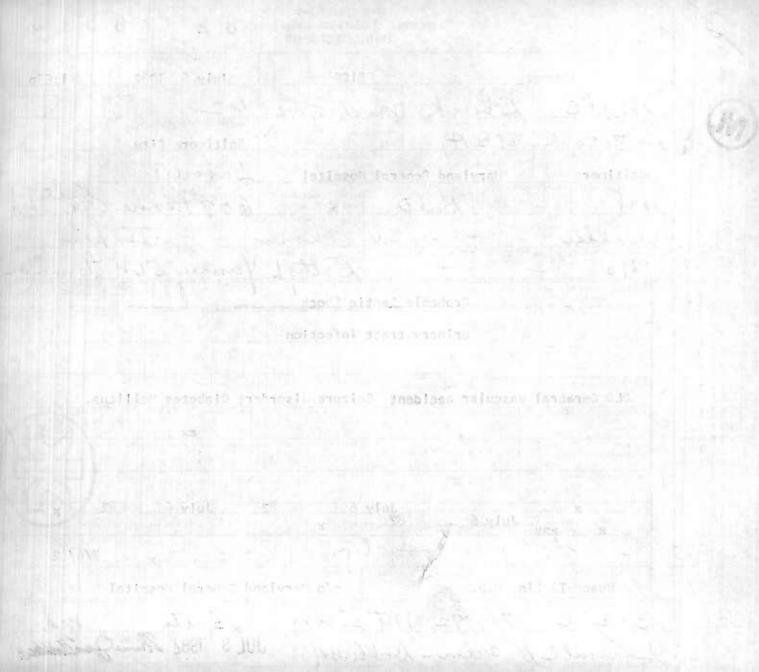
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

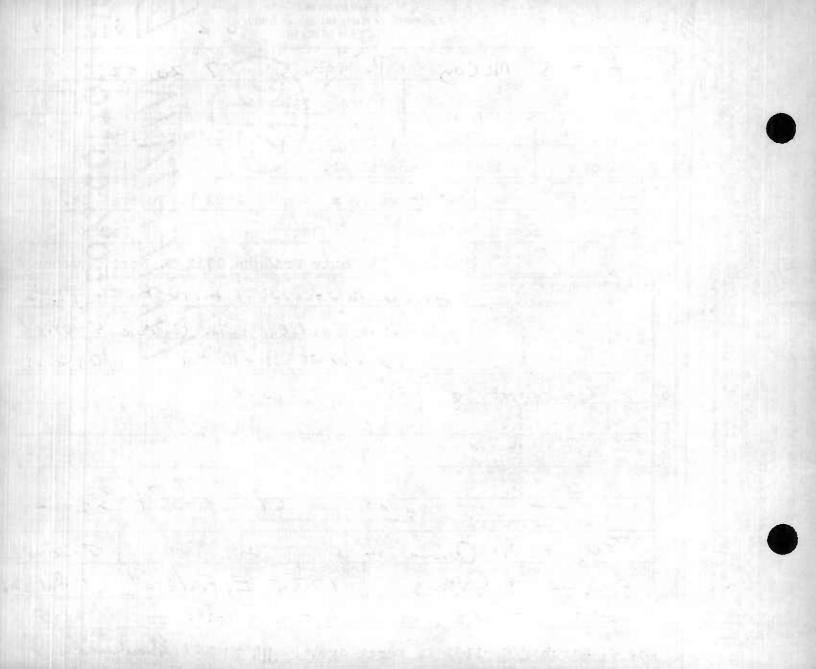
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FOR

REGISTRAR

1 - STATE





		REGISTRAR					ICATE OF			REG. NO.			
		CEASED NAME OR PRINT)	Tue	UTE	MIDDLE	F	NHE	7	20 DATE OF DE	ATH MONTH	113	YEAR 82	26. HOU
1	3. SEX	(1	RACE		5. DATE C		YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER
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of the		Baltimore			Charles		1 Hoen	ital	(TYPE OF WORK FO	R MOST OF WORK	ING LIFE) IN	IDUSTRY	
87/	USUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	FORE ADMISSION)							
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180		Josh			Pul			Roda		ADDRESS			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

ATIES SILVE ELEMENT S WHILL BE MENTED AND IN

MINNICH FUNERAL HOME

415 E. Wilson Blvd. Hagerstown, Md. 21740

FOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2h HOUR ANNA C. **PURDHAM** JULY 29, 1982 2:09am 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 538 George St. Shanholtz William Purdham 538 George St. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE 19_______, and that i (my) aur) apinian death accurred an the date and haur and fram the causes stated 22c DATE SIGNED Washington Md.

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SALTHEON R. DILLON BURDON	
THE RESIDENCE OF THE PROPERTY	STATE OF THE STATE OF

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Punetral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

IF UNDER I YEAR

CITY

INDUSTRY

26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 74 HRS

MINUTES

HOURS

NO T

STATE

2 HOURS

YES [

COUNTY

27r. DATE SIGNED

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR TILL

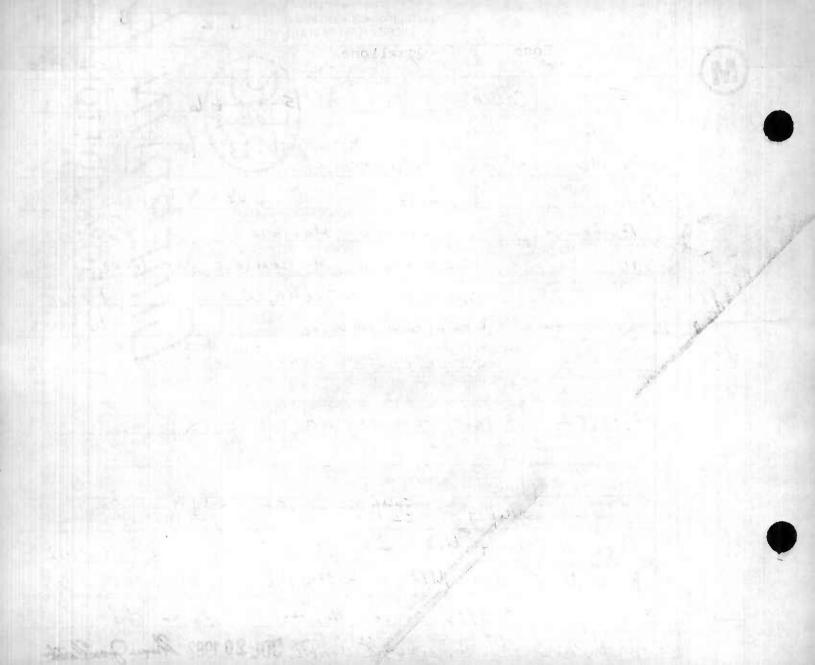
Smith, Keeney and Basford

106 East Church St., Frederick, Md. 21701

- STATE

REGISTRAR

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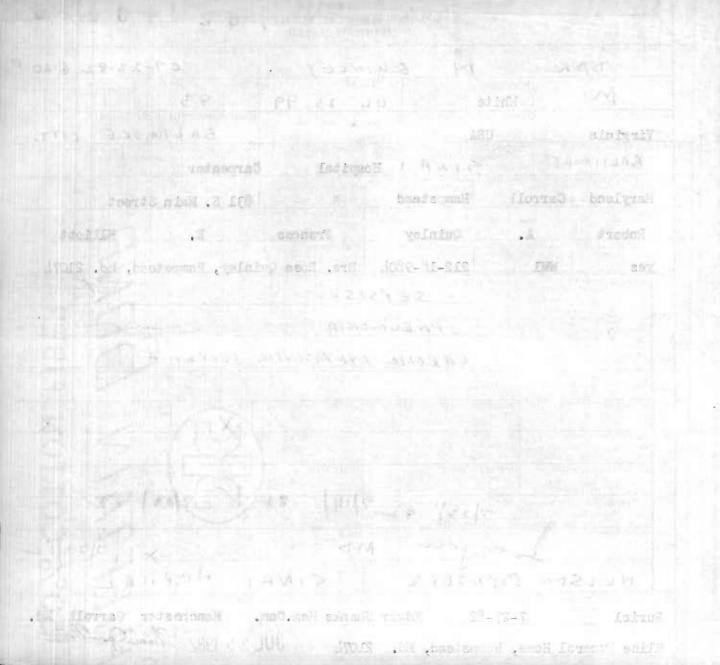


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be
retained by the haspital or attending physicion. TO PLACEAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page
should be defacted for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after dealt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked on Item 18 shows any injury, or other traumatic event, the medical examiner, must be notified at prove.
1

FOR STATE REGISTRAR		DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH		3. NO.	8	0	2
I. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEAT		DAY	YEAR	2b HOU

	1.	- STATE REGISTRAR				CERTI	FICATE OF DEATH	III OILIA	REG. NO.		
		CEASED NAME	FIRST	Form	MIDDLE		LAST	2a. DATE	OF DEATH MONTH	DAY YEAR	2b HOUR
		A	N		M.	QUI	NLEY		07-	23-82	6.20 P
	3. SE	× M		4 RACE White	2.16	S. DATE			N YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
-		IRTHPLACE (STATE OF	16. CITIZEN OF	WHAT COUNTRY? 8			9 BALTIN	ORE CITY OR COUN			
4		Virginia	US	A	WIDOW		<u>-</u>	BALTIM	DRE (CITY, MD.	
2		BALTIMO	(IF NOT IN SUC	H FACILITY, GIV	A H	or other institution ospital		LOCCUPATION ORK FOR MOST OF WORKING nter		F BUSINESS OR	
5	13a S	AL RESIDENCE (IF NURS STATE Maryland	lish Cour Carr	VIY	136 CITY O Hamps	RIOWN	13d. INSIDE CITY LIMITS YES 100 1		TADDRESS S. Main St	reet	
E		Robert		MIDDLE	Quin	ley	IS MOTHER'S MAIDEN FIRST Frances		MIDDLE E	Ell io	
2		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?		L SECURITY NO.	17 INFORMANT		ADDRESS		
7		ves	WW		212-1	8-9804	Mrs. Rose	Quinley	. Hampstea	d. Md. 2	MATE INTERVAL
	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN 199 DATE OF OPERAL	nediate g the lost	DUE TO, OI	R AS A CON CH B DITTRIBUTION	G TO DEATH BUT	LYMPACYT NOT RELATED TO THE TO	ERMINAL DISEA	ASE OR CONDITION G		
	RTIFIC							YES	NO IN CERT	TIFYING CAUSES	OF DEATH?
2	MEDICAL CE	218. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA) P.	M. MONT	H DAY YEAR	21¢. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN ITEM 1	8 PART I OR PART ?)	
	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RK		EET FACTORY (OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive on		231	19.82.0	nd that in (my) (our) opin DEGREE ATTENDING	G MEDICA	L_ STAFF _	our and from the	hat (I) (we) last couses stated
		22d PHYSICIAN'S NA		RPRINT) BEN	17EB		PHYSICIAN 12% ADDRESS SIN	A DIRECTO	+ OSP IT	AL	300
	- {	SURIAL, CREMATION, SPECIFY) Urial	REMOVAL	23b. DATE 7-27-8	2		CEMETERY OR CREMATOR	CI	ATION IV OR TOWN Manchester	Carrol	ı Mâ'.
		UTIAL UNERAL DIRECTOR		11-21-0	4	Edgar c			REGISTRAR 251 CGI		RET/6-
	E	line Funer	al Ho	me, Ham	pstead	PRESS Md. 2	21074	JUL 29	1982 Man	w Jan	S. C. C.

DHMH - 16 50M 1/81 (VRA 15, 4)



Home, 263 S. Conkling St.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 1	8021
		CEASED NAME Baby	Bo 9	RALSTON	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.
800 19	7a. BI	ALE RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	02 12 82	9 BALTIMORE CITY OR COU	S.
30		MARYLAND	USA	MARRIED NEVER MARRIED X	BALTIMORE	
notified ()		ALTIMORE CIT	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OF
35	6507 13a. S	AL RESIDENCE HE NURSING HOME OF	COLHER INSTITUTION CAVE DESIDENCE REFORE	E ADMISSION)		WOOD GREEN
131)	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N. FIRST BREND	AME	RALSTON
medical		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECU		ADDRESS	NALSTON
r other traumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	prematarity (ence of Labor	835 gm)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ows any injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF CONGENTY 171	AC HEART	DEATH BUT NOT RELATED TO THE TERM DISEASE // SD OPERATION WAS PERFORMED	1 COMMON Trus 200 AUTOPSY? 200. IF	GIVEN IN PART TO VC (LC YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES [Z] NO []
Hem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF MUURY IN ITEM	
irked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	7	sow the deceased alive an	tal) attended the deceased from	, and that in (a) (our) opinion	death accurred on the date and	that (we) lost
IT: If Hen		22b. SIGNATURE	harly	DE GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/2/82
MPORTAN		224 PHYSICIAN'S NAME (TYPE O	CRANTEX	22e ADDRESS AG	NES HOS	P
	- (URIAL, CREMATION, REMOVAL	7-15-82 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
1/81	S FU	fate ana	tone Bd ADDRESS	Balf, Md 250	TE REC'D. BY REGISTRAR 251 FG	ISIN OF THE ORE

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H. H. JOHNY MENTER WHITE

Wm. C. March F/H 1101 E. North Ave.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

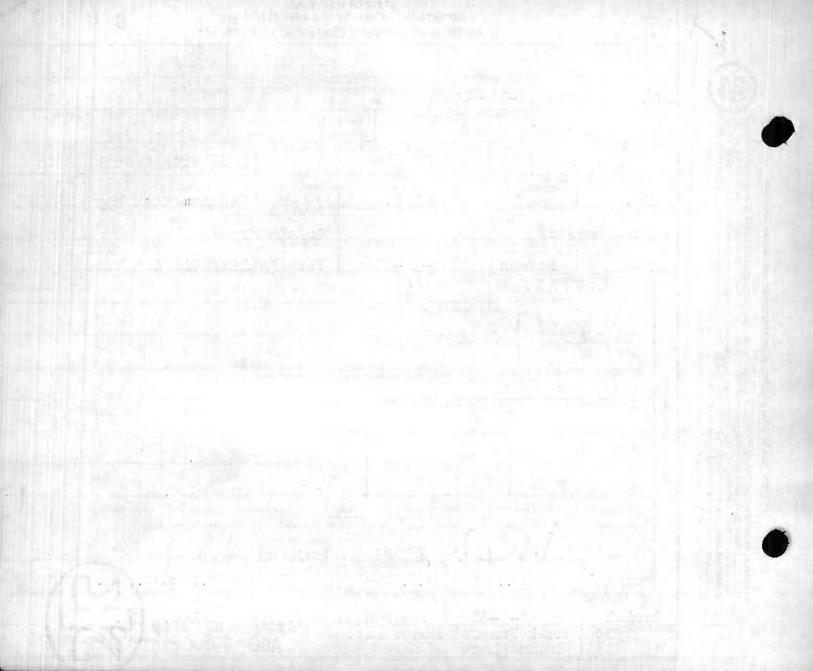
26 HOUR

IF UNDER 24 HRS

STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN X DECEASED NAME YEAR 26 HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED 19 82 JOHN RATLIFF 31 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 11:45 2c. DATE AST BIRTHDAY PRONOUNCED Male 927 White 1982 DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH RIRTHPLACE (STATE OF MARRIED NEVER MARRIED Louisa, Kentuc USA WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY Beth Mill Wright Work GES 1, 2, AND 3 TO T M PM 3. RETAIL PA AND 2 SHOULD BEE OF WITAL RECORDS Baltimore 944 Armistead Way Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE Balto 21205 Md NO [Armistead Wav 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST EIRST Goldie ames Ratliff Graham ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT 21205 T. PAGES 1 DIVISION ((YES, NO, OR UNKNOWN) 236-34-1060 Vera Ratliff 944 Amistead Way Korean 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). AL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-AND MENTAL HYGIENE, Hanaina IMMEDIATE CAUSE (o)-**OR REMOVAL** DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFITER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTEMORE, MARYLAND, 21201 PRIQR TO BURIAL, CRE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PXXX 7-31-19 Subject hanged self. 82 CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e PLACE OF INJURY LATHOME. 21d INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) COUNTY NOT WHILE AT WORK 944 Armistead Way Md. Balto home 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Homicide L Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL DATE 8-1-82 M.D. Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon 111 Penn St., Balto., Md. 21201 XAMINER'S NAME TYPE OR PRINT 23d LOCATION 23c, NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b DATE Cedar Hill Cemetery Balto. Burial 24. FUNERAL DISCHIMUNEK Funeral Home, Inc. **DHMH - 17** 21213 3331 Brehms Lane VR A15 ME (5)) 20M 4/82



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

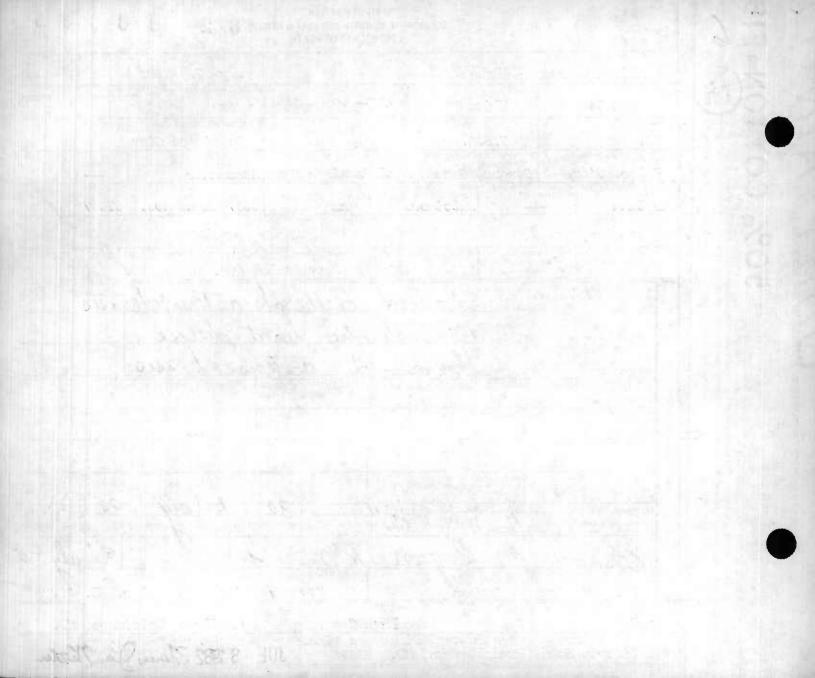
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

REG. NO

	1. DE	CEASED NAME FIRST	٨	AIDDLE		AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
19	(), ()	Edna Alberta	Reu	S				July 7,	1982		AA		
	3 SE	Х	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIE		IF UNDER I YEAR	IF UNDER 24 HRS		
		Female	Whit	e	Apr		1887	95 YRS MONTHS DATS HOURS					
74	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		OF DEATH			
2		PA.	U.S.	A.	WIDOWE	D NEVER M.	ORCED	Baltimor	e Citu	,	445		
10	10 C	ITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C			120 USUAL OCCUPAT	ION	126 KIND O	MD. OF BUSINESS OR		
0		Balto. City	General	German A		People's	e's Home Homemaker						
5	13a S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOWN	ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS					
/		ryland –		Baltimore	3		NO 🗌	5507 Wayne	Ave.	21207			
2/	14. FA	THER'S NAME FIRST Elmer E. Mile	MIDDLE	LAST		15 MOTHER'S	no.	Eckert		LAS	.1		
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.			German AR	SH Pen	107.018	Home		
	7	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-18-0	131 D			l Ave. Bal					
		18 CAUSE OF DEATH (Enter or	ly one couse per	line force), the one	ticl) A			1	4		MATE INTERVAL		
		PART I. DEATH WAS CAUSE	D BY:	PHIMMA	ON	Menon	word	Noten	isclo	Dredla.			
		4370 MAREUTA		MANUTEX.	· · · · · ·	N. Com	roger	MINING	-	marca	,		
		Conditions, if ony, which	DUE TO, OF	AS A CONSEQUE	Alos	ALIA.	Man	I dise	10.	1160			
		gove rise to immediate couse (a), stating the	(0)	Alle	A.	out !	, and	- June					
	.03	underlying couse lost	DUE TO, OR	AS CONSEQUE	VIA	W.	mote	DIZZADA	MIA				
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED I	O THE TERMIN	VAL DISEASE OR CON	DITION GIVE	NIN PART Le			
	0		3.1					THE DIOENGE ON CO.	5.11014 0142	TY IN TAKE INC			
5	CATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED		
4	CERTIFI	The state of the state of						YES NOTO	IN CERTIFY YES	ING CAUSES	OF DEATH?		
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY	V VEAD	21c HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2}	12+4		
1	CAL	OR CONTRIBUTING CAUSE OF DEA	TH.		1 TEAR	3 6 10							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		211. LOCATION	4	CITY OR TO) as h	COUNTY	STATE		
	×	AT WORK NOT WHILE AT WORK	(AT HOME, SIKI	EET, FACTORY OFFICE, FA	RM, E!	1,444		CITORIO	0	COOKIT	STATE		
		220.1 certify that (1) (this haspi	tal) attended the	deceased from	Jean	1	19 82	_, to 7 \ I	14	9 82	that (I) (we) last		
	19	sow the deceased alive on above. (1) (we) (did) (did no	t) view the hody	1004 19 9	or	d that in (my) (a	our) opinion de	eath occurred on the	te and hour	and from the	couses stated		
		22b. SIGNATURE	4	M		DEGREE	MILE	. 0	1	22c. DATE	SIGNED		
2		Milliam	1.	Dryso.	n		TENDING TYSICIAN	MEDICAL STAI		8	11ly 82		
1		22d. PHYSICIAN'S NAME (TYPE C	RPRINT)			224 Aglakess					1		
		Dr. William	J. Bry	son	155	51	772 Wes	tview Mall	Balt	o. MD.	21228		
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CR	EMATORY	23d. LOCATION					
	I	Burial	7-9-82			n Cemete		Woodlawn	Balt	imore,	MD. STATE		
	24 FL	INERAL DIRECTOR Loring	Byers F	uneral Di	rect	ors, Inc	250 DATE	REC'D. BY REGISTRAR	256 REGISTR	AR'S-SIGNATI	URE		
	872	28 Liberty Road	Randal	Istown, N	ID.	21133	JUL	8 1982 2	sones	Jan?	buther.		
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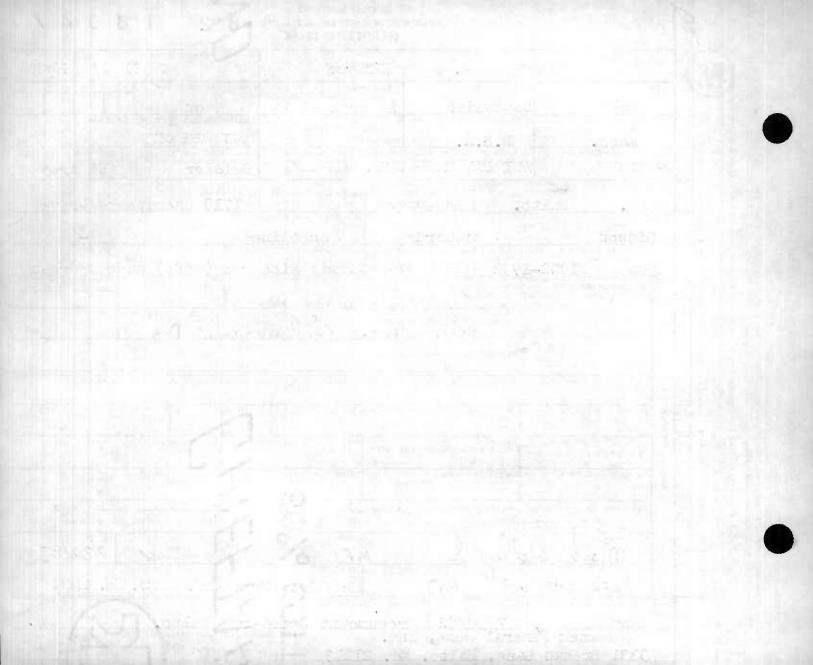


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	FOR				STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER 2 1 8 0 3 6							
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I DE	REGISTRAR CEASED NAME	FIRST		WIDDLE		AST	2a. DATE OF D	REG. NO.	TH DAY	YEAR	1	
(TYP	E OR PRINT)			1	- for						2b HOUR	
3 SE	X	HENR	RACE	A ·	S DATE C	HEB DE RIPTH	6. AGE (IN YEAR		3 /	982 IDER I YEAR	11.30	
	Male	- 12	White		MONTH 12	°21 1897	84	JEAST BIKITIDA	MONT			MIN.
Tu. B	IRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
E	Baltimore	,Md.	USA		Balti	_				WE		
	or town of DEA		1. NAME OF H	FHOSPITAL, NURSING HOME OR OTHER INSTITUTION UCH FACILITY, GIVE STREET ADDRESS) rth Charles Gen. Hosp.			12a USUAL OC	CUPATION OR MOST OF WO	PRKING LIFE)	26. KIND O	F BUSINES	_
USU 13a. S	AL RESIDENCE (IF NURS STATE TVland	ING HOME OF C	THER INSTITUTION.		ADMISSION)	13d. INSIDE CUTY LIMITS?	13. 37246 Reswick Rd.					
-	ATHER'S NAME	Dai	.00.	Hampu	GII	YES NO PER S MAIDEN NA		MCO!!	TOX 1	····		_
	Albert	M	IDDLE	Rheb		Cecelia		MIDDLE	Dı	iits	her	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				_
-	no or unknown)	(IF YES, GIVE	WAR OR DATES)	216-44-	9324	Regis Rheb	, 4215	Slat	er Av	re.,	2123	36
CERTIFICATION	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	FAILUA	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE C	Y? 20t	. IF YES, WE	RE FINDIN	IGS USED	
TIF							YES N	10	CERTIFYING	CAUSES	NO [
	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR A.A	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN	ITEM IB PART I	OR PART 2)	-	
MEDICAL	21d INJURY OCCURE WHILE NOT WHAT WORK AT WORK	HE 🗆	21e. PŁACE ({AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE F.	ARM, ETC)	211 LOCATION STREET	C	NWOT 90 YEL		COUNTY	STA	TE
	22a I certify that (I) sow the decease above, (I) (we) (a 22b. SIGNATURE	d olive on	view the body	13 10 8		d that in (my) (our) opinion DEGREE	deoth occurred o	on the date o				
	22d. PHYSICIAN'S NA		A-SA	ARES	. 3	120 ADDRESS N. CHARLES		Toller		C7. 4	10.21	21
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF CI	EMETERY OR CREMATORY	23d. LOCATIO		60	INITY	01 000	
	Burial		7-16-	82 Mo	relat	nd Mem Pk.C	em Pa	rkvil	We D	1.150	Marche	i.
	JNERAL DIRECTOR	-				25a F	EC D. L. RES	Work place	ART AND ART	16	IDE	
24 FL	/ HAME - OU	1 FX	1/ -	LI - ADDRESS.	-1 A1.	0 00 250.	TET A	JOSE IN	REGISTRAR'	SIGNATI	UKE	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Lawrence Dein Richardson 4 RACE SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Male 1958 White Aug. 23 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)

Mechanic Automobile USUAL RESIDENCE University Hospital S.T.U JSUAL NE. Balto. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Owings Mills 28 A Richmar Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Marian MIDDLE Louise Arrington Robert Richardson Thomas 166 SOCIAL SECURITY NO. 17. INFORMANT 280 RE Richmar Road, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 220-72-3944 Marian Richardson Owings Mills, Md. No 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries

(Due to, or as a consequence of Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YE'X X NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR 3 3 PMONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH driver of auto/fixed object impact THE LOCATION 21e PLACE OF INJURY 214 INJURY OCCURRED STREET, FACTORY, FARM, FTC. I Greenspring&Garrison Forest Rd. Balto., Md. State NOT WHILE AT WORK AT WORK street TO MEDICAL EXAMINER: TO EXECUTE THE CESTIFICATE, PACE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH WITH THE STIT BALLIMORE. MARYLAND, 2 220 I certify that I took charge of the remains described obave, held an Autopsy Inspection Inquiry and in my opinian death resulted from: Natural causes Accident XX Undetermined monner Assistant 7-6-82 ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION Burial July 9, 1982 Lorraine Park Cemetery Woodlawn, Balto. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 17 Owings Mills, Md. IVR A15 ME (5)

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TS \$201 A - 10 - 120 - 120 nildogoleA pinnica Pelto. Out - Hills I 28 Hickory Room I PLOE TENNISHER SC. 220-72-3944 Martin Micherdage Cyings Mille, Mi.

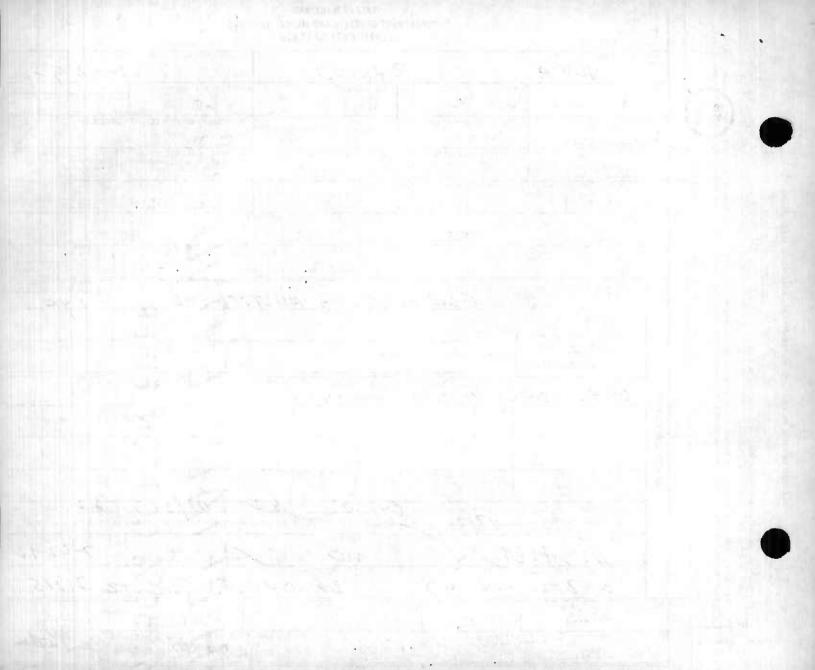
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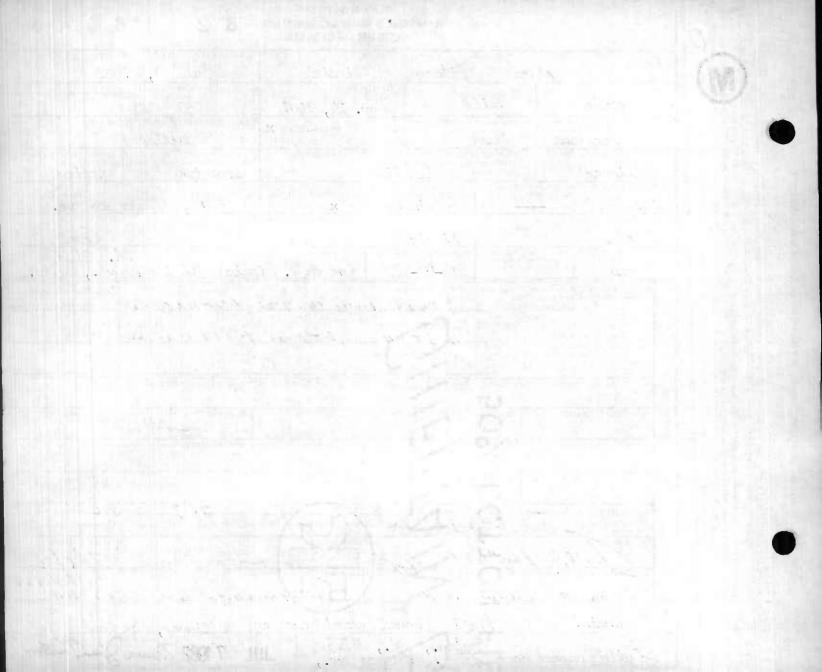
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SEK LRACE S. DATE OF BIRTH	
3. SEX FEMILE 1. BERHHRACE (SAZE COFFORD) 2. BERHHRACE (SAZE COFFORD) 3. BERHACE (SAZE COFFORD) 3. BERHHRACE (SAZE COFFORD) 3. BERHHRACE (SAZE COFFORD) 3. BERHACE	YEAR 26 HOUR
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MARRIED NEVER MARRIED Baltimone Ba	DATS HOURS MIN.
18 CHIYO R TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 LIVE OFFICE OF NUCLEAR STREET JOBES 128 LIVE OFFICE OFFICE OF NUCLEAR STREET JOBES 128 LIVE OFFICE OFFI	ТН
10. INAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 USU	MD.
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THE STATE (I PAULIS NOT ONCE OF THE RISTITUTION OF RESIDENCE BY AND	ousework
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14 FATHER'S NAME MODILE Davis 15 MOTHER'S MAIDEN NAME 1983 1893 1	root
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 17. INFORMANT 17. INFORMAN	MEEL
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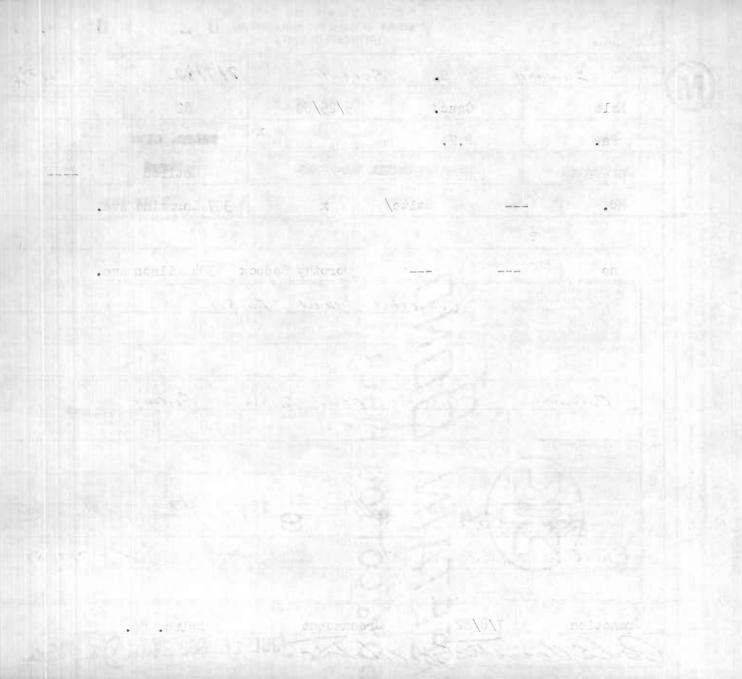
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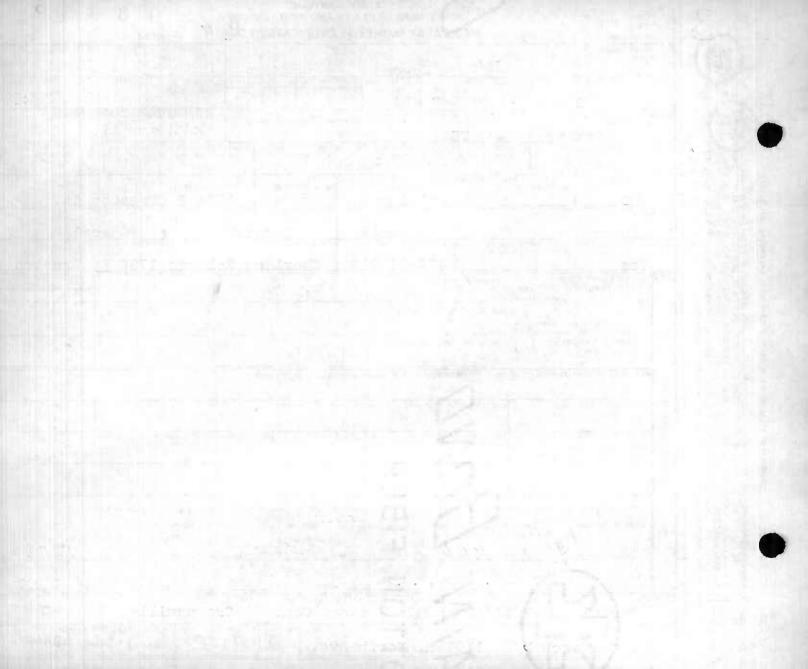
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

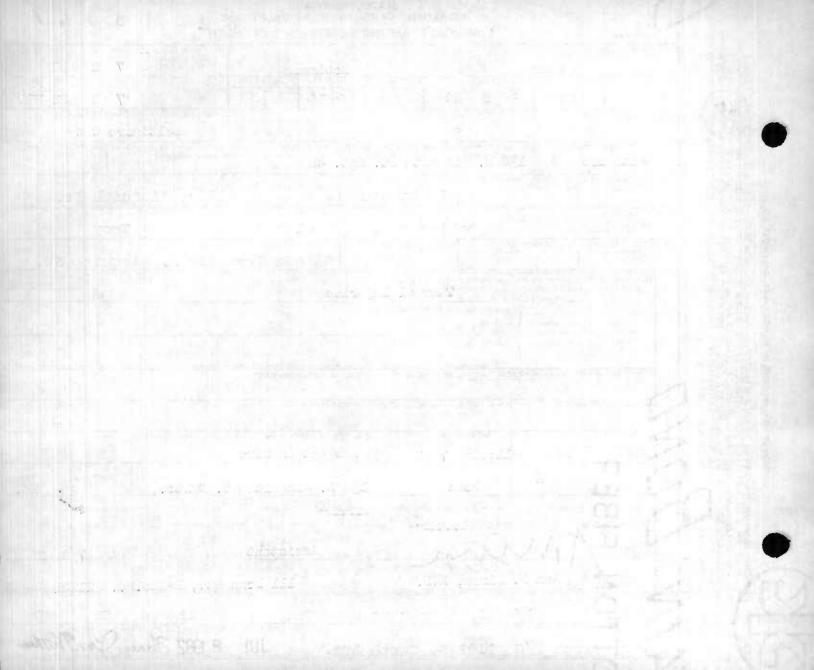
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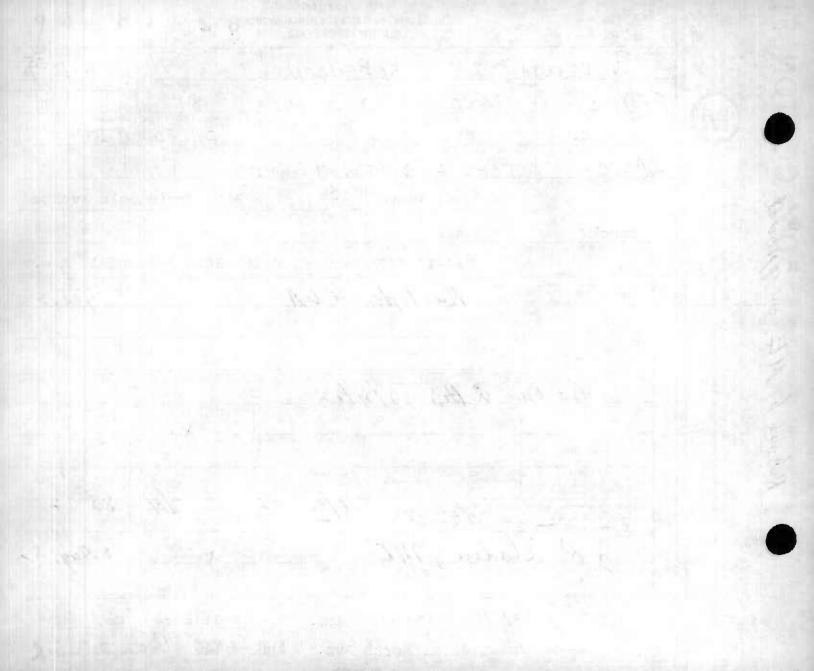
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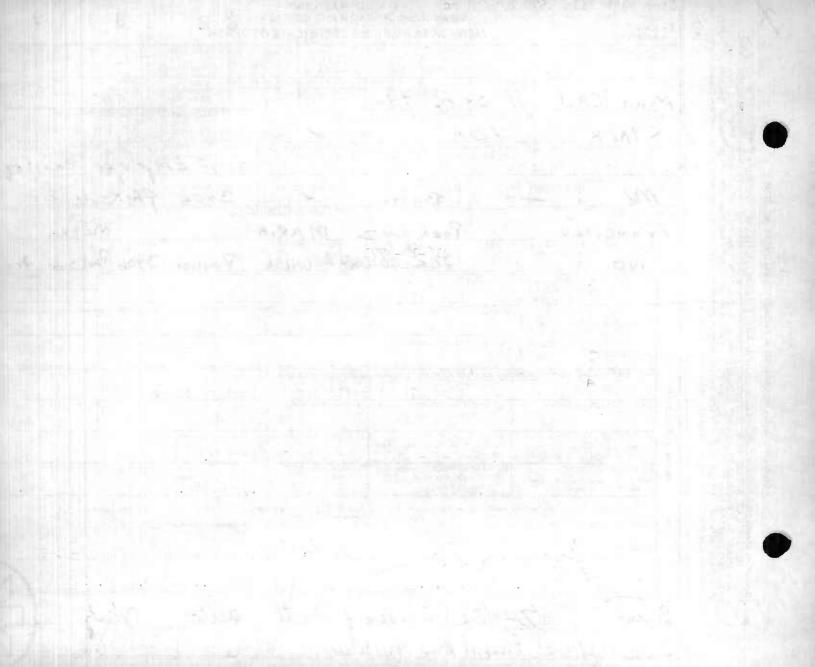
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN IX 26 HOUR (TYPE OR PRINT) OF ESTI-1982 Jabar Robinson . SEX 4 RACE AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 1:40 5. DATE OF BIRTH DATE DAY LAST BIRTHDAY PRONOUNCED Black 8 Male DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED D NEVER MARRIED FOREIGN COUNTRY! Baltimore City MD USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS N. Aisquith St. Apt. 4K Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 N. Aisquith St. 13e STATE 131 COUNTY 13d. INSIDE CITY LIMITS? Baltimore YES [X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Donald MIDDLE MUDDLE LAST Glenda DIVISION OF VIT Robinson Troy 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) N/A Glenda Troy 130 N. Aisquith St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH SHOULD BE USED AS A BURIAL -TRANSII PERMINISH PERMINISH PERMINISH OF HEALTH AND MENTAL HYGIENE, PRAIDE TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Thermal Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to E 3 SHOULD BE CONTROL HEAD 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR MEDICAL 11:00% subject in fire 1082 CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALLIMORE, MARY(JAND, 24201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE home 130 N. Aisquith St. Balto. Md. 220 I certify that I took charge of the remains described above, held an Inspection death resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE_ Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto Md (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 7/9/82 Arbutus Mem. Pk. Baltimore MD Co. BP 24. FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 20M 4/B2



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 26 HOUR IRGINIA 0 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED S.C. USA WIDOWED DIVORCED [IL CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Be. STATE 3606 Springdale Avenue 13d INSIDE CITY LIMITS? Baltimore MD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Enoch Ceasar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Mary E. Smith 3606 Springdale Ave. 214-16-8474 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 210 PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that withis haspital) attended the deceased fram saw the deceased alive an, and that he (aux) apinion death accurred an the date and have and from the causes stated above, (LL (we) (did) (did not) view the body after 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY STATE Burial 8/5/82 Arbutus Mem. Pk. Baltimore Co. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 1101 E. North Ave. (VRA 15, 4) Wm. C. March F/H



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68	E SI		220. I certify that I taak charg	ge of the remains de	scribed abave, held	an Autop	sy . Inspection	n . Inquiry .	and in my o	pinian	
Will		P	death resulted fram: Natu	iral causes ,	Accident X,	Suicide	, Hamicide .	Undetermined manner			
28	WAR WED		ACTUAL A	1			TITLE (SPECIFY)	4	DATE	7-28-	.02
\$	SHC		SIGNATURE A	MOU			.D. <u>Assistar</u>	T MEDICAL EXAMINER	SIGN	ED	.02
WED	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAVE ATIO	M. Dixon	, M.D.		ADDRESS 111 F	enn St., Ba	lto., Mo	1. 21201	11/2
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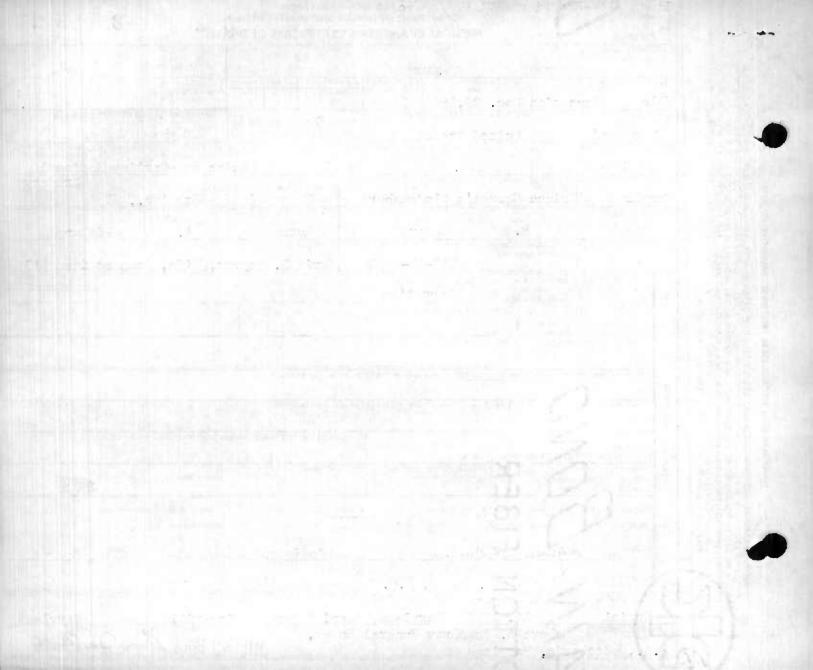
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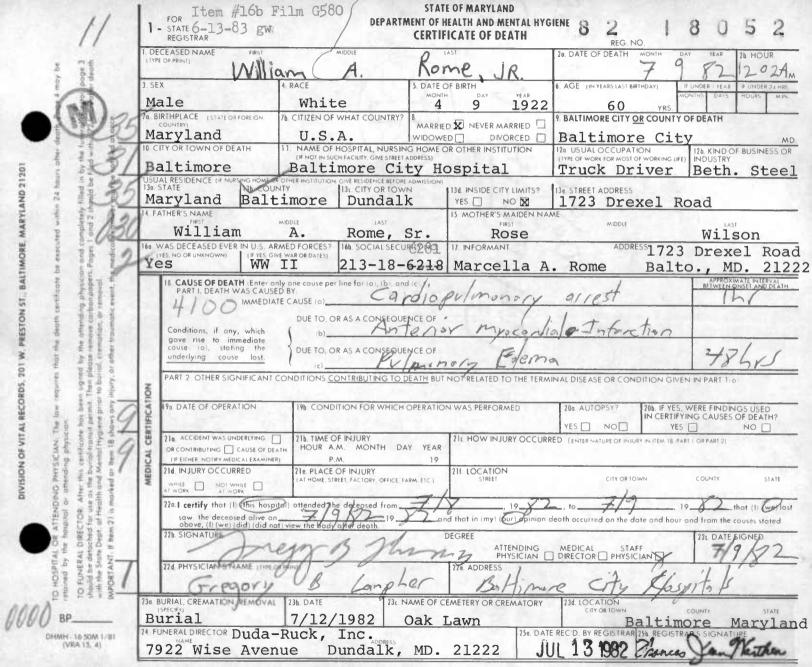
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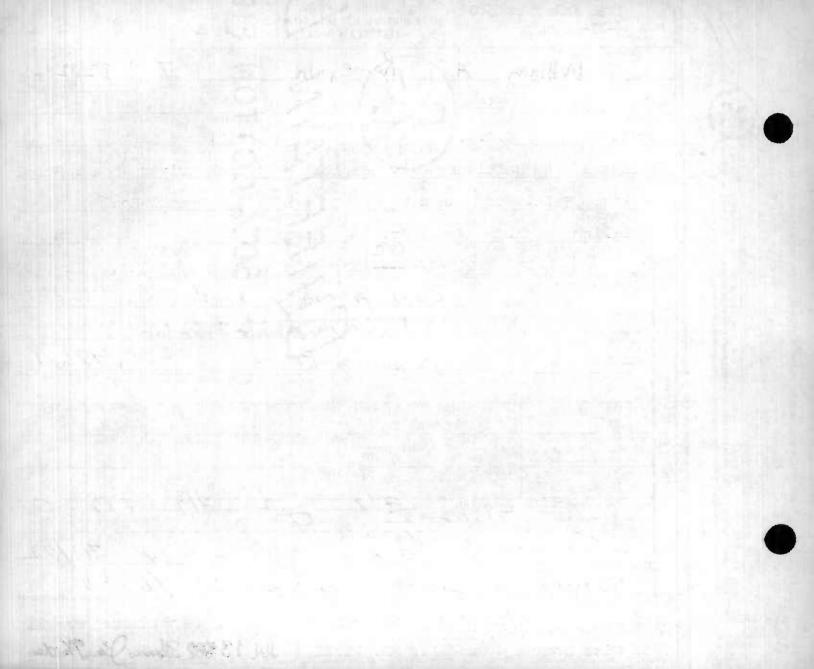
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Ę					YES NOT	IN CERTIFYING CAL	JSES OF DEATH?
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ORE,	PAGES 1, ORM PM S LAND 2		Ralph		R.		ogers			th		A.		I	Dish	man	
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	TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STILL BALLIMORE, MARYLAND, 2		TYPE OR PRI	NT) VIIC			n, M.D.		ADDRESS_	11		nn Str	эет				
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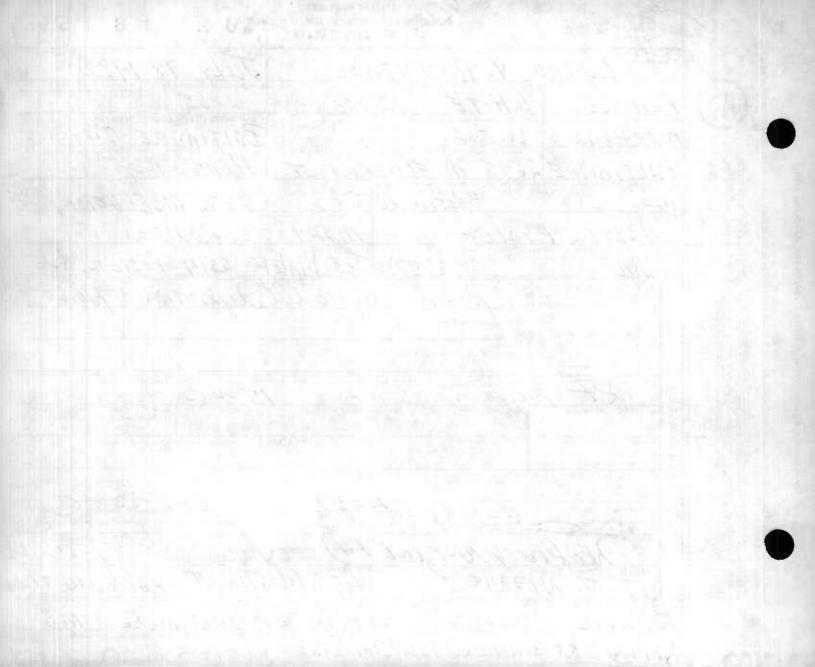




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- Comme		IRTHPLACE ISTATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	RIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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1 11 1		ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) 	E OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12h KIND OF BUSINESS OR
5 6 60	1	BALTIMORE	RESIDENC	E	HOUSEWIFE	INDUSTRI
t hour ded in deed in	USU 13a	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TO THE MET THE STATE OF THE STATE	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
N 2 III		MD	BALTO.	YES NO		RSITY BAKWAY
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MAR ed w		ROBERT	AMIS	MARY	MIDDLE	LAST
RE, decort	16a. \	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECURITY NO		ADDRESS	
MORE, n ond co Poges 1	,	- No	THE CALLEST	VICTOR T.	ROSE 505 VV. L	UNIVERSITY PKWI
, BALTI ficote b hysicion papers. oval.		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E oces		PART I. DEATH WAS CAUSED	BY: Malibraum	t lymphm,		4 mon As.
		2028	DUE TO, OR AS A CONSEQUENCE OF			
PRESTON in death ce he attending emove carbination, or it troumotic.		Conditions, if any, which	(tb)			
the other semonter of the contraction of the contra		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
1 W. P hat the by the ase rer il, crem	100	underlying cause last.	Doe 10, ok as a conscourace of			
, 301 n pleas burial, y. or o		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
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ow re	CAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	ION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
TALR The le ricion. The hoss saft per giene shows.	TIF					S NO
ON OF VITA IYSICIAN: The ding physicion is certificate I burial-Irganial Mental Hygies or them 18 sho	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
N OF SICIAL ng ph certific priol-tr ental literal	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.			
SION PHYS endin this c	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF PHING	2	AT WORK NOT WHILE AT WORK	(A TOME, O'NEE, TACHER, ETC.,		Λ ,	JIAIL
a of a		220.1 certify that (I) (this bespite	it) attended the deceased from	March 1984		19 dry, that (1) (w) last
		saw the deceased alive an abave, (1) (well (did not)	view the body ofter death.	and that in (my) (an) opinion	death accurred on the date and have	r and from the causes stated
OR AT e hosp DIRECT sched fi Dept. o		22h SIGNATURE	/-	DEGREE		22c. DATE SIGNED
1 4 1 4 4 4		Sheedon C. K	Lums, M.D.	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	The state of the s
HOSPITAL ined by the FUNERAL old be den othe State		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS		
TO HOSPITAL TO FUNERAL should be de with the Stot		SHELDON C.	KRAVITZ, M.D.	20, E. U	nucest Phone	7
5 5 5 4 3 ₹	23a. l	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME O	GEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
1307BP	L '	CREMIATION	JULY 30,1982 GREEN	VNICUNT CEN	BALTON	COUNTY STATE
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		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	18054
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
9 E	{TYPE	ORPRINTI / ALLRI	A V. RASI	=NTIIAI	111/4	18 1982
i sem	3 SE	FAULT	1 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
i. (M/i)	F	EMALE	WHITE	12 23 16	65	MONTHS DAYS HOURS MIN
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ndin ndin arbo			DUE TO, OR AS A CONSECU	JENCE OF		
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hat the remove cremati		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSECU	IENCE OF		
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- C 5 5 >	Q I	KT)	Les remes	wen A	15 mos	
The law has beer rmit. The prior se prior	CERTIFICATION	1% DATE OF OPERATION	MACONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
0 0 0 5	TIF				YES NOT	IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: 1 g physician. This certificate urial-transit per Mental Hygien dor Item 18 sh	CER	218. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	
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ING PHYSIC ending physic ffer this certii the burial-tran and Mental b arked or Item	MEDICAL	214. INJURY OCCURRED	21s PLACE OF INJURY	211 LOCATION		
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TO TO shou	23a_6	UNIAL CREMATION, REMOVAL	23b. DATE 23p	MAME OF CEMETERY OR CREMATORY	236 LOCATION	
O BP	10	STRIAL	7.23-82	ACRES HEART IES	CITY DETOWN	MARE MA
Ud	74 F1	INERAL DIRECTOR I	1/-20			25b. REGISTRAR'S SIGNATURE
DHMH-16 25M		With MIDI. KAC.	ZAPALIST ADDRESS			



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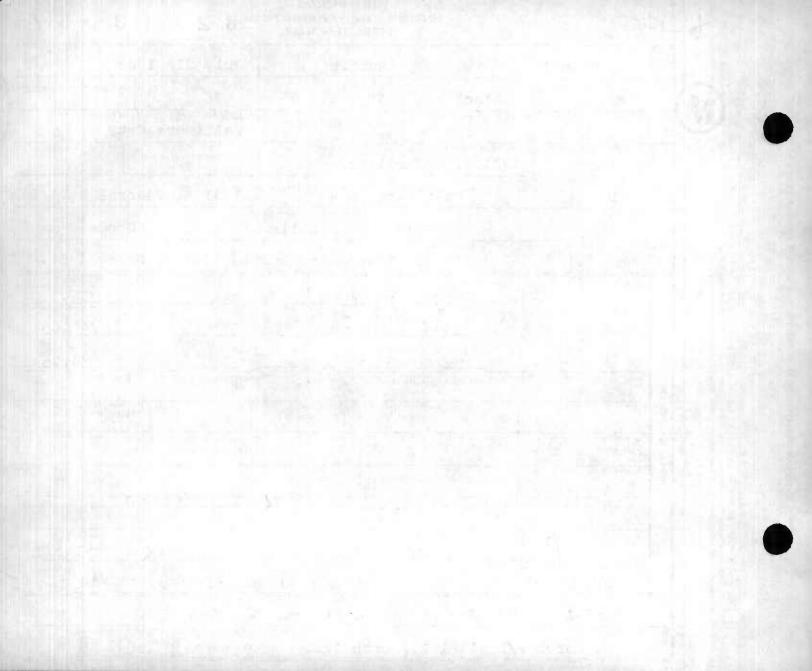
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N STREET	3. SEX	ale	Black	5. DATE OF BIRTH	YEAR 54	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	F UNDER 2	MIN PRON	ATE DUNCED AD	MONTH 7	8 1 -8 2	AR 2d HOUR
35		RTHPLACE (51)		76. CITIZEN OF W	HAT COU		I.	ED NEVE	ER MARRIE DIVORCE	D X	timore city			
		TY OR TOWN O	OF DEATH	11. NAME OF HOS	SPITAL, NU	TREET ADDRESS)	E, OR OTH			12a USUAL OC			12b. KIND OF OR INDL	BUSINESS ISTRY
35		TATE Md.	IF IN NURSING HOME O	or other institution, g ITY	13c. CITY	BEFORE ADMISS. OR TOWN 1to.	ION)	13d. INSIDE CITY YES 🙀	Y LIMITS?	13e. STREET AD 507	DRESS N. Schr	roeder	St.	
TO VITAL	16a V	THER'S NAME FIRST James VAS DECEASED	EVER IN U.S. AR		Rous	LAST CIAL SECURIT	Y NO.	15. MOTHER FIR: F1	oren		ADDRES	Frazi	LAST er	
IE, DIVISION OF VII	(4	ES, NO, OR UNKNOV	(IF YES, GIVE	WAR OR DATES)	213	-62-47	56	Jame	S E.	Rouse	507 N	I Sch	roeder	St
SED AS A BURIAL - TRANSIT PER! F HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL.	NO	gave rise cause (a) lying caus		(b)	R AS A COR	NSEQUENCE	OF	E DR (ONDITION (GIVEN IN PART	[] (a).				
UKIAL, C	CERTIFICATION	190. DATE OF		19b. CONDI	TION FOR	WHICH OPER	RATION W	AS PERFORM	NED?			Te.	20 AUTOP	
DEPARTMENT OF HEAD		210. EXTERNAL UNDERLYING CONTRIBUTION	prime.		A. MONTH	DAY YEA	R 21c HC	OW INJURY O	OCCURRED	(ENTER NATURE C	F INJURY IN ITEM I	IS PART I OR PAI	RT 2)	
2	MEDICAL	214 INJURY OF WHILE AT WORK		21e PLACE STREET, FAC	OF INJURY TORY, FARM, I			TREET		CITYO	RTOWN	COL	JNTY	STATE
BALTIMORE, MARYLAND, 21		220 1 certify death resulte ACTUAL SIGNATURE EXAMINER'S N	d from: Natu	ge of the remains de ral causes	Myre	h	Autap	, Hamicia	ecify) y Chi	Undetermined	AMINER		7/8/	32
BAH	73n B	TYPE OR PRIN		omas D. Si		M.D.		ADDRESS		Penn St		Ito.,		
	В	urial	-	7/13/82		It. Auk		Cem.		Balti	more, M		NTY	STATE
MH - 17 5 ME (5)		m C Mar		1101	E. No	orth Av	re.	25	o. DATE RI	EC'D. BY REGIS	1982 A	Regue	2	The

AND SHELL BUILD.

1101 E. North Ave.

C. March F/H

(VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		REGISTRAR				CERTIE	FICATE OF DEATH	RI	G. NO.		7
		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
i	(138)		DAM		S	R	UPP	JULY	7, 19	82	8:510
44	3. SE	x Male		4. RACE White			7/82 DAY YEAR	6. AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
-		IRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	Balti		NTY OF DEATH	MD.
1	10. C	TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET HOPKINS	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR NONE	UPATION	126 KIND O	OF BUSINESS OR
5	05U 13a. S	AL RESIDENCE LIF NURSI STATE Bryland	13b LOUN	ITY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Sykesvi.	'N	136 INSIDE CITY LIMITS? YES NOXX	13. STREET ADDI	ess ereld	Drive, Syl	kesville
1		John		MIDDLE	Rupp		15. MOTHER'S MAIDEN NAME FIRST Barbara	WE	DIE	Meyer	т
7		WAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	<i>A</i>	DDRESS		21784
1000		no			none		John Rupp, 54	20 Emera	ld Dr.		
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter on	ly one couse per	line for (a), (b), an	d (c).)					IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSE IMMEDIAI	D BY: E CAUSE (0)	cardy	ore 1	Arrest			20	min
5	CERTIFICATION	CON 19a DATE OF OPERAT	ediote g the lost. IFICANT O	DUE TO, OI (c) CONDITIONS CO 1794 196 CONDI	TION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERMINION WAS PERFORMED		20b. 1F	GIVEN IN PART THE YES, WERE FINDIN RTIFYING CAUSES	NGS USED
No.	RTIF	7-7-8				in ou	21c. HOW INJURY OCCURR	YES NO	13.	YES 🔲	NO 🗌
1		OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	TIE HOW INJURY OCCUR	ED (ENTER NATURE C	IF INJURY IN ITEM	1B PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	ED	21e. PLACE			21f. LOCATION STREET	City	OR TOWN	COUNTY	STATE
		22a.1 certify that (1) a sow the decease above, (1) (well di	his hospi dalive on did no	tol) attended the	e deceased from	7 -	nd that in (my) Corpopinion of	, to 7 . death occurred on	the date and		that (1) (1) lost couses stated
		22b. SIGNATURE	, Bon	lun.	~		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	7-7-	SIGNED
1		A, M	ME (TYPE O	ORKO	~		TULNS 1	torkin	s life	55°, m	2
		BURIAL, CREMATION, F (SPECIFY) Burial		7/10	/82 Lo	oudon	emetery or crematory Park Cemetery		more		yland STATE
		tzke Caton					onsville, Me DATE 21228	REC'D. BY REGIS		SISTRARY CIGNA	The state of

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/	1		STA	TE OF MARYLAND		
	1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	18059
by be	{TYP	CEASED NAME FIRST PRINTS PRINTS	Z. Ru	155ell	20 DATE OF DEATH MONTH	- 28 - 82 3 PM
Page 4 mc	1.58	=	4 RACE S. DATE MONI 76 CITIZEN OF WHAT COUNTRY? 8	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COL	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN RS
r death. I		Md.	MARRI WIDOW 11. NAME OF HOSPITAL, NURSING HOME		BALT. C	MD.
all a supplied to the supplied	100	AL RESIDENCE (IF NURSING HOME OR O	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) A. DEATON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	medica/		ING LIFE) INDUSTRY
thin 24 ha	His:	MD. 13b COUN		13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	3020 LOUISE	AVE.
MAK wed w		GEORGE	ZENOIS	ANNA	WIDDIE	SKIPPS
BALLIMORE cote be execu- appet. Foget		VAS DECEASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. E WAR OR DATES) 252-01-4876A	VIRGINIA HAN	ADDRESS SON 3018 LOUIS	
201 W. PRESTON ST., B. es that the death certifica ned by the attending phy- please remave carternoal vial, cremation, or remar- vi. or ather traumatic event.		PART 1. DEATH WAS CAUSED	Ity ane cause per line fai (a), (b), and (c), D BY. E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		OF NASOPHI	APPROXIMATE INTERVAL BETWEEN OWNEL AND DEATH
	TION		ONDITIONS CONTRIBUTING TO DEATH BU			
The law idian. The has be not permit permit general shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		YES NOW	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{YES} \)
IYSICIAN: TI ding physicia s certificate burial-transi Memial Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		RED (ENTER NATURE OF INJURY IN ITE	m 18 PART I ORPART 2)
ING PHYSICIAN: The law requirer attending physician. After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to bracked as them 18 shows any injury.	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND aspital a aspital a fector. A fector as a fector as a fector and fecto		22a Learnify that (1) (this hospite saw the deceased alive an abave, (1) (we) (did) (did not) 22b SIGNATURE	tol) attended the deceased fram 19 2 , o	4	death accurred an the date and	I have and fram the causes stated
by the h by the h ERAL DIR e defachs State Dep		22d. PHYSICIAN'S NAME LLYPE OR	e to Comp	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 7.29.82
TO HOSPITAL TO FUNERAL should be det with the State		en	tristine L. Com	resono.	5411 OLD 1	TREDERICK RD
7458P		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR		CEMETERY OR CREMATORY HOLY REDEEMER 1250 DAT	23d LOCATION CITY OR TOWN BALTIMORE E REC'D. BY REGISTRAR	GEN GEN ALL OF THE STATE OF THE
DHMH - 16 50M 1/81 (VRA 15, 4)		ITCHELL-WIEDEFEI	LD HOME 6500 YORK R		G 3 1982	me g

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-	-	EGISTRAR EASED NAME FIRST		MEDICAL EXAMII	AEK.2	ERTIFICATE O	PEATH REC	G. NO.		
		OR PRINT)		Modif	DUC		20. DATE KNOW OF ESTI- DEATH MATER		DAY YEAR	26 HOUI
1	AFY	SUS I	S. DATE OF	BIRTH 6 AGE (IN)		SELL IDER 1 YR. TIF UNDER		MONTH (-)	-82 19	2d. HOUI
750	E	1 //	MONTH	DAY YEAR LAST BIRTH	DAY) MONT		MIN. PRONOUNCED DEAD			12:4
3	BIR	THPLACE ISTATE OF	76. CITIZEN	12 02 7 9 OF WHAT COUNTRY?	YRS.		- 9 BALTIMORE CI		-82 19	DM
25	TO	man d		A ? I	WIDOV		IED L	_		
4/10). CIT	Y OR TOWN OF DEATH		F HOSPITAL, NURSING HOA			124 USUAL OCCUPATION		126. KIND OF BI	USINESS
541	B	altimore		such Facility, Give Street address	b		or MOST OF WORKING LIFE		OR INDUST	IRY
	SUA	. RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUT	TION, GIVE RESIDENCE BEFORE ADMIS		has more con murca		.0	1 4	
5	'n	ATE 13b. COUN	4) T	Bato		13d INSIDE CITY LIMITS? YES MO	3847 For	st ta	-KA	ve.
16	A	HER'S NAME PERST 18 xander	MIDDLE	Catth		TS. MOTHER'S MAIDE	EN NAME MIDDLE	R	DLAST +	
1 16		AS DÉCEASED EVER IN U.S. AR		? 166. SOCIAL SECURI	TY NO.	17. INFORMANT	ADD	RESS	ed.n.	
7	(YE	IF YES, GIVE	WAR OR DATES)	214-12-9	318	Evelyn	Scroggins	3847	Farest	PK. Ava
1		18 CAUSE OF DEATH (Enter or	nly one cause p	per line far (a), (b), and (c).)		1			APPROXIMAT BETWEEN ONSE	TE INTERVAL
		PART I DEATH WAS CAUSE	D BY: TE CAUSE (o).		eroti	c cardiovas	scular diseas	е	BETWEEN ONS	ET AND DEATH
8		4292		O, OR AS A CONSEQUENCE						
AL, CREMATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate								
5		couse (o) stoting the under-		O, OR AS A CONSEQUENCE	OF			Zen E		
	ı	lying cause lost.	(c)			20.77				
EWA!	_	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH OUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a)			
7	CERTIFICATION	190 DATE OF OPERATION	19h C	ONDITION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY	/2
4	5		1,76.	Ond Monte of the Control of the Cont		THE TENT OWNED.				
4		210 EXTERNAL CAUSE WAS	21b. T	ME OF INJURY	21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	M 18 PART I OR PAR	YES L	NOX
5		UNDERLYING OR		P.M. 19						
3	\simeq 1	21d. INJURY OCCURRED	21e P	LACE OF INJURY (AT HOME.		CATION				
	X	WHILE NOT WHILE [STRE	EET, FACTORY, FARM, ETC.)		STREET	CITY OR TOWN	COU	INTY	STATE
	ŀ		(1)			sy , Inspection	₩ . □			
				ins described abave, held an	Autop			and in my ap	inian	
1		death resulted fram: Natu	ral causes LX	Accident L. S	vicide	, Homicide	Undetermined manner			
8		ACTUAL	What	5 Moya	111.	TITLE (SPECIFY)	1	DATE	7-6-82	
N N		SIGNATURE		- white	TAK.	D. Assistan	MEDICAL EXAMINER	SIGNE	57-0-02	
-		EXAMINER'S NAME (TYPE OR PRINT)		A Karall M	D	ADDRESS 111	Penn Street			
BALTIMORE, MARYLAND, 21201 PRIOR	3a Bl		236 DATE	23c NAME OF C	ANETERY C	R CREMATORY	DICATION		1	0.
	(%	Burial	7-9-1	82 Mt. Au	burr	Cem.	Dalts.	COUN	m	U.
		NERAL DIRECTOR	1	ADDRESS 066	9-17	38 250. DATE !	REC'D. BY REGISTRAR 256	REGISTRAR'S S	GNATURE	
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STATE OF MARYLAND

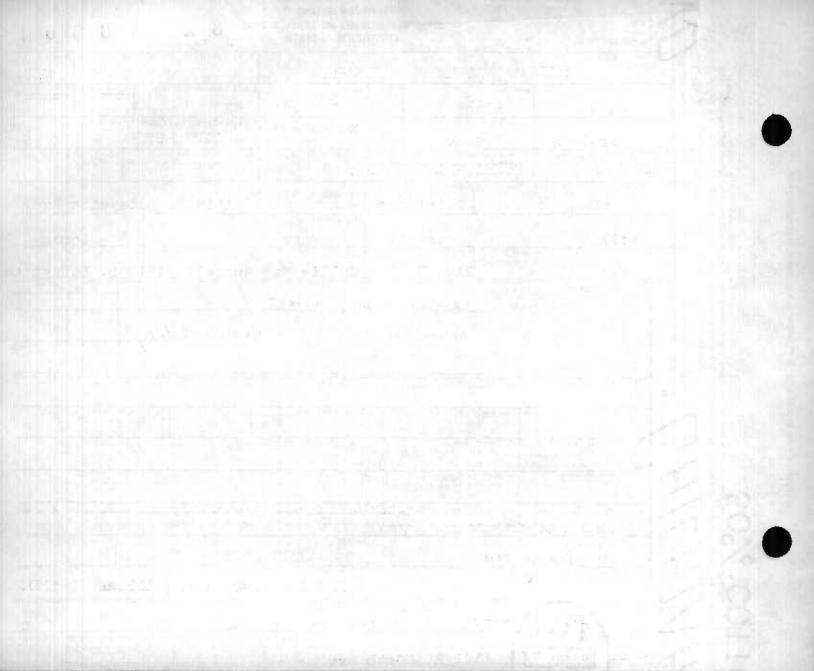
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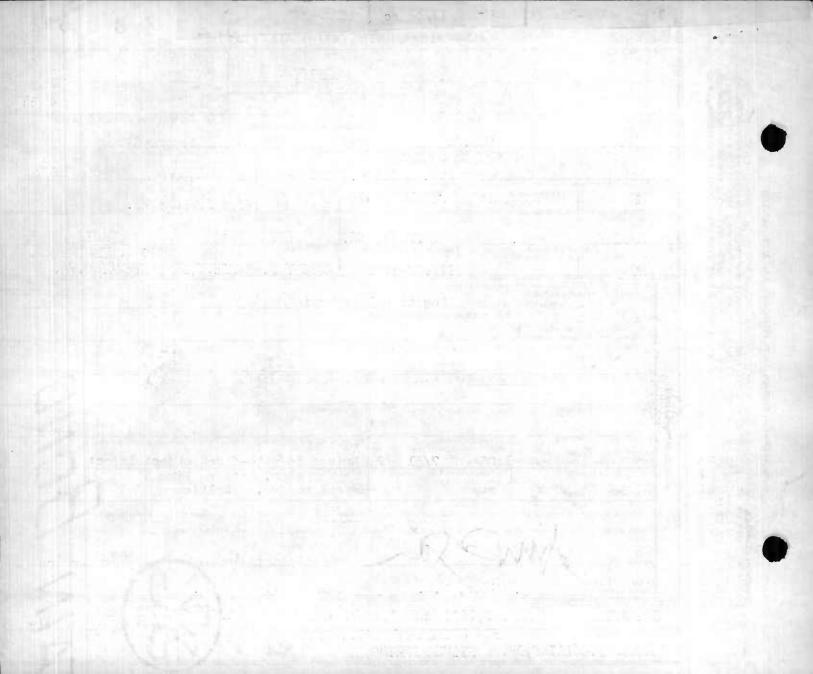
W.m C. March F/H 1101 E. North Ave

(VRA 15, 4)

STATE OF MARYLAND



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FOR	DEPARTMENT
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Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto., Md.

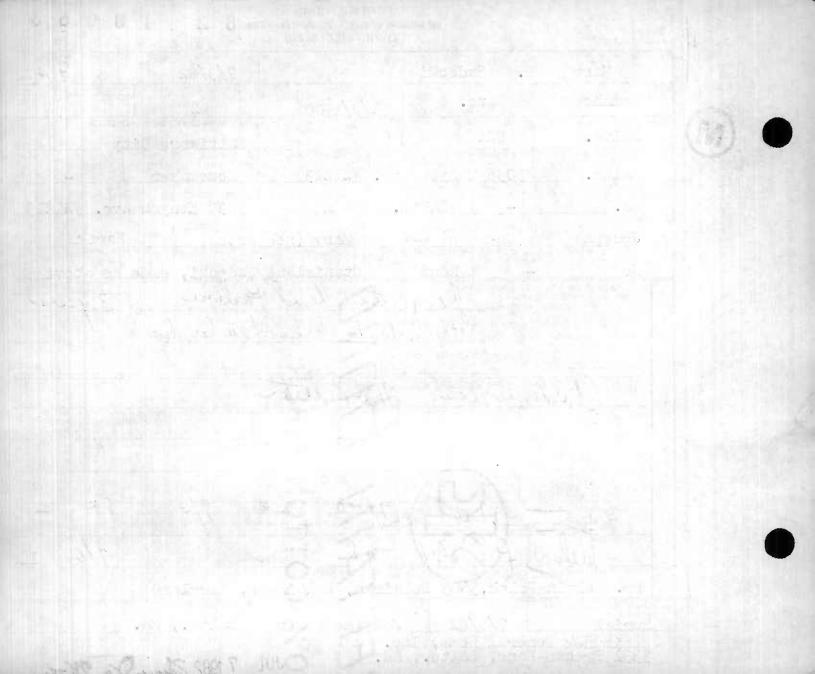
STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE 8 RTIFICATE OF DEATH

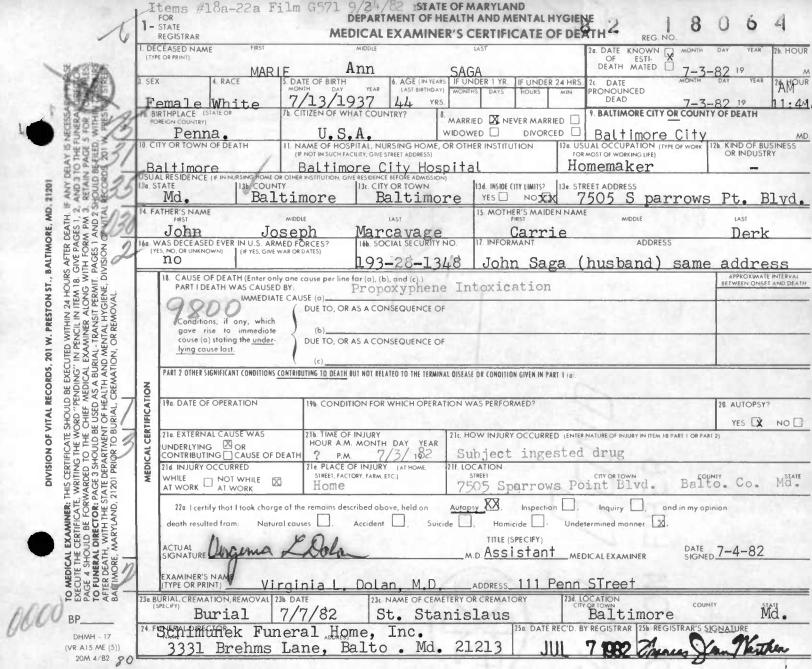
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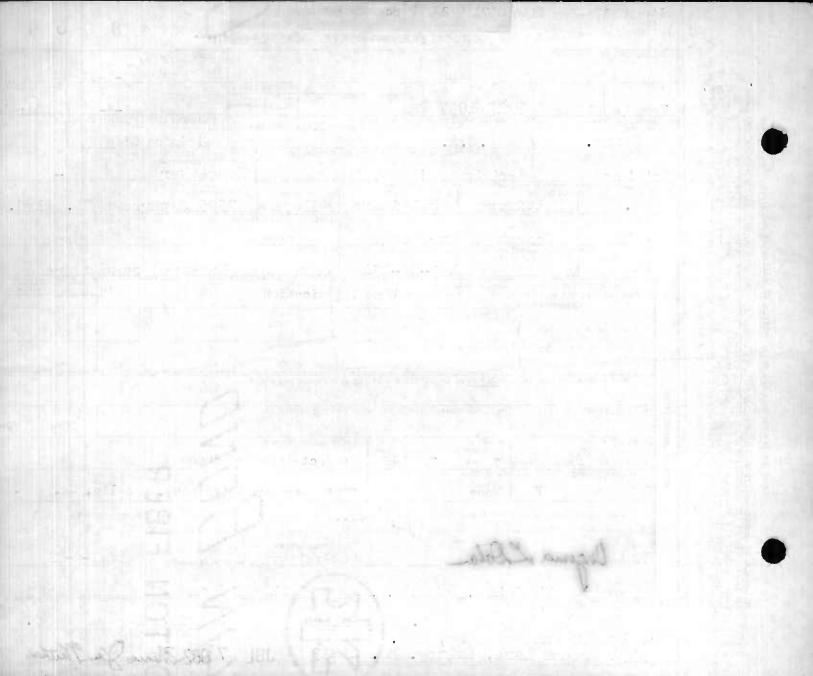
REGISTRAR			REG. NO).	
1. DECEASED NAME FIRST	WIDDLE	LAS1		MONTH DAY YEAR	2b HOUR
Mary Mary	P. Sadecki		7/3/82		9 A.
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT)	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Cauc.	1/9/1900 YEAR	82	YRS DAYS	HOURS MIN
TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OF		
5 ° Balto.	USA	WIDOWED DIVORCED	Baltimor	e City	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	NORKING LIFET INDUSTRY	OF BUSINESS OR
Balto.	2000 15	Ave. #21213	Homemak		_
ISUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
Md.	- Balto			von Ave.	#21213
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA/	ME		61
Joseph	Petza	Mary		Hartk	ca
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRES	S	
No	- None	Stanislaus	Sadecki.	same as a	bove
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one cause per line (a), (b), one	dicip of	De llocal	APPROX BETWEEN	ONSET AND DEATH
	IATE CAUSE (a)	selve /hear!	Tulline	34	lara
4292	DUE TO, ON AS ACONSEDUE	NCAOF 1_ 1 1-	1 0 1	1	
Conditions, if any, which	(b) Wheles	clerate (ardio-)	allular H	when	
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE-OF			
underlying couse last	(c)				
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	NO RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	01
20 Jack	enso heso.	Monulation			
S 190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED
FILE			YES NO	YES [NO [
190 DATE OF CHATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED)	21b. TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF E	ZEATH	19			
214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOW	IN COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITI ON TOW	200/411	STATE
22a 1 certify That (I) (this has	prior) attended he deseased from_	7/30 ,19 56	, to	19 12	that (1) (we) last
saw the deceased alive of	not) view the body after death.	and that in (my) (aux) opinion of	death occurred on the dot	e and haur and from the	couses stated
22b. SIGNATURE	O Proposition of the contract	DEGREE		22c DATE	SIGNED
Mohin	J. P. Jalek	M. W. ATTENDING	MEDICAL STAFF		(18)
22d. PHYSICIAN'S NAME (TYPE	E OR PRINT	22e ADDRESS	J DIRECTOR LI PHITSICI	440	102
Dr. Melvin	Polek, 3603 Bel	LairRd. Baltimor	re, Maryla	nd	
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d LOCATION	1.0	
(SPECIFY)	7/6/82		CITY OR TOWN	MA	STATE
Burial 24 FUNERAL DIRECTOR 1 7		Holy Redeemer	Balto.,	Md.	TUPE
Schimunek Fi	uneral Home	IIC •		SIGNAL	- OAC

DHMH-16 50M 1/81 (VRA 15, 4)

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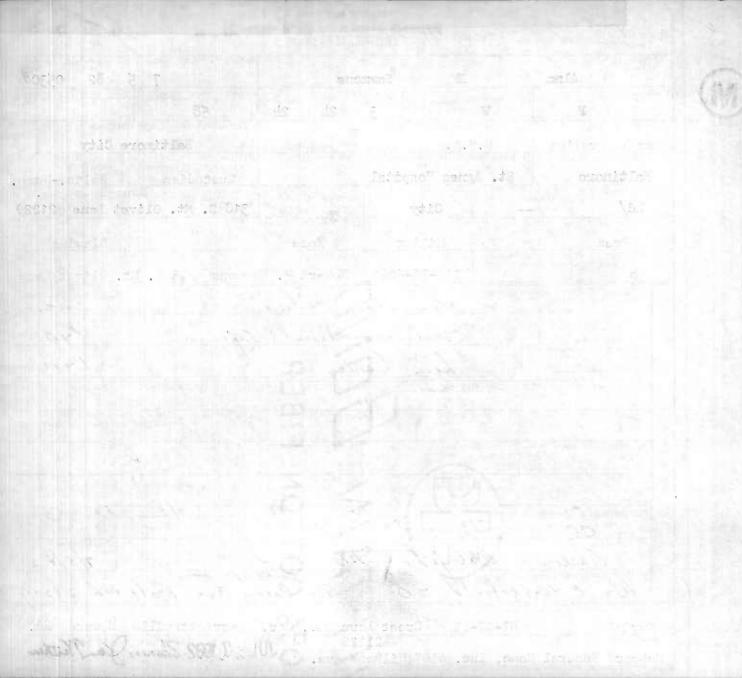
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1 - STATE REGISTRAR			DEPARTA		EALTH AND		GIENE 8	REG.	NO.	8	U	6	5
DECEASED NAME	FIRST	MIOO	LE	Į.	AST		20 DATE C			DAY	YEAR	26 HOL	JR
	lma	E		Samm	ons				7	5	82	05	30 Am
SEX	4.1	RACE		5. DATE C			6. AGE (IN	YEARS LAST E	SRTHDAY)		DER I YEAR	IF UNDER	
F		W		MONTH 3	ِ 21	24		58	YR:	MONIH	S: DAYS	HOURS	MIN.
BIRTHPLACE (STATE OF FO	REIGN 76	CITIZEN OF WH	AT COUNTRY?	8 .	NEVER	AARDIED []	9 BALTIM	ORE CITY			EATH		
North Caroli	na	U.S.	Α.	WIDOWE		ORCED	I so it	Ba	altim	ore	City		MD
CITY OR TOWN OF DEAT	н 11.	NAME OF HOS			R OTHER INS	ITUTION	12a USUAL	OCCUPA	TION	12	b. KIND C	F BUSIN	
Baltimore			es Hosp				-	stodi		G (IFE) IN	Balt	:0N	lash
SUAL RESIDENCE (IF NURSIN 30 STATE	G HOME OR OTH		RESIDENCE BEFORE City City		13d INSIDE C	ITY LIMITS?	13e STREET	ADDRESS	N		gemer	nt Co	
FATHER'S NAME			04.03			MAIDEN NA		0 11	, OIL	TAGO	Dell	6 71 C	1227
Fred	MIDI	DIE	Mille	~	P.	rirst Ose		WIDDLE			D 1 0 1		
a WAS DECEASED EVER II	U.S. ARMEI	D FORCES? 166	SOCIAL SECU		17 INFORMA			ADD	RESS		Blev	/1115	
NO (YES NO OR UNKNOWN)	(IF YES, GIVE W		214-74-	6342	Robe	t W. S	Sammons	31	8 S.	Mt.	01i	et I	ane
Conditions, if ony, gove rise to immucouse (o), stating underlying cause	ediote the lost.	DUE TO, OR AS	A CONSEQUE Male Maseque	NCE ON	nez	val	Effe	un			/	40	
PART 2. OTHER SIGN		196 CONDITIO			100	arra C	20a AUT	OPSY?	20b. IF	YES, WER	RE FINDIN	NGS USE	TH?
21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	IJURY MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	YES TERM	ATURE OF IN	IURY IN ITEM	YES	R PART 2)	NO []
21d INJURY OCCURRE	ЕП	21e PLACE OF I	NJURY FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATIO STREET	700		CITY OR I	OWN	C	OUNTY		STATE
22a I certify that (1) sow the decrease obove. (1) so of (2) 22b. SIGNATURE	Ceom	ew the body after		₽≥ , on	d that in my DEGREE MO A 22e ADDRES	TTENDING PHYSICIAN E	history at	Hos/	AFF ICÍAN 🗌		from the		we) lost of ted
Ba BURIAL, CREMATION, R	EMOVAL 2	36 DATE	23c N	IAME OF CE	EMETERY OR		23d LOC	ATION					/
Rurial		07-07-8	2 Cr	ect T	arm Mar	Car	Marr	ORTOWN	evri 11	e H	OT-72 T	M b	TATE

24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 1982 CANCES CAN PATHER



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH DAY (TYPE OR PRINT) Vhhe 4 RACE 3. SEX IF UNDER I YEAR YEAR 58 76 CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED AND OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY GIVE RESIDENCE BEFORE ADMISSIONI IDENCE (IF NURSING HOME OR OTHER INSTITUTION 13c CITY OR TOWN 13e STREET ADDRESS 13d IN NOF timory MOTHER'S MAIDEN NAME FIRST MIDDLE 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic. PARY DEATH WAS CAUSED BY W. PRESTON ST. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 20% IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Y 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 11 LOCATION 0 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from that (I) (we) lost 31 sow the deceosed olive on obove. (I) (we) (did) (did not) view the body diter death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED ild be detoch the Stote De ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT AME (TYPE OR PRINT 22e ADDRESS hou 23o. BURIAL CREMATION, REMOVAL 236. DAT STATE (SPECIEY) DHMH - 16 60M 1/75 (VRA 15 (4))

STATE OF MARYLAND

Lynne Samuels 731/82 MAPYZAND 14.

5	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	1 8 0	6 /
24	{TYPE	CEASED NAME ALBE	M PRAT	LEO S	ANG TYS	2a. DATE OF DEATH	MONTH DAY YEAR 7 1582	2b HOUR
		MAKE OS	4 RACE	14/1/2		6 AGE (IN YEARS LAST BI	YRS MONTHS OA	YS HOURS MI
W B	Bo	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A	WIDOW		Baltimon	OR COUNTY OF DEATH LE (ity.	
1 Page 1	1	TY OR TOWN OF DEATH Baltimore		more (ity Hos	or other institution pitals	120 USUAL OCCUPATION OF Retired	TION 17h KINI	chinist
should be	130.	AL RESIDENCE (IF NURSING HOME TATE 136 CO Varyland -	OR OTHER INSTITUTION UNITY	Baltimore	138 INSIDE CITY LIMITS?	13. STREET SOUTH	Baylis Str	eet
300	P	Joseph		lers-Siedlecki	15 MOTHER'S MAIDEN NA	MIDDLE	Stemke	LAST.
s. Pages			ARMED FORCES? GIVE WAR OR DATES)	216-03-4511	Edward Welc	h 9185. E		£ 21224
signed by the ottendinen please remove can be buriol, cremation, a jury, or other troumati	Z	Conditions, if any, which gave rise to immediate couse (D), stating the underlying couse last	(b)	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DITRIBUTING TO DEATH BUT	file FUTA NOT RELATED TO THE TERM	4. AINAL DISEASE OR COM	NDITION GIVEN IN PART	1(0
has been I permit I ene prior to ows ony in	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
trending physicing this certificate the burial-tronsit and Mental Hygical ond Mental Hygical or them 18 should be sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 216 IN JURY OCCURRED WHILE NOT WHILE	DEATH HOUR A. ER) P. 21e. PLACE	M. MONTH DAY YEAR M. 19	21f. HOW INJURY OCCUR 21f. LOCATION STREET			STATE
FUNERAL DIRECTOR: Afre and be detoched for use os the Stote Dept. of Health ORTANT: If them 21 is mork		220.1 certify that (I) (this has	native with body	after death.	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death occurred on the o	AFF 271, DA	
retained by to FUNERAL should be delight with the Store IMPORTANT:	23a E	HA I	Ca	OKW 236, NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	(sup	41416
BP	{	Burial	7-17	-82 Garden	IZSa DAT	Overlen E REC'D. BY REGISTRAN	Balto Call	ATURE
VR A 15 (4))	C	S. Zeiler & So	n Inc.	901 S. Conkling	Street JU	191982 2	sunces Jan	/ landiture

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.							
1 DECEASED NAME FIRST	A STATE OF THE STA	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR					
(TIPE OK PRINT)	ROSE	T.	SAR	NOS		7/9/19	82	8:52					
1 SEX	4 RACE		5 DATE		6. AGE LINYEARS LASTE	SIRTHDAY) IF U	NDER I YEAR						
Female	Table	ite	MONT	/16/1887	OF	MON	IHS DAYS	HOURS MIN					
HIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	, 10, 100,	95 BALTIMORE CITY	OP COLINTY OF	DEATH						
COUNTRY)	TO CITIZE TO	Wild Cool Will.	MARRIE	D NEVER MARRIED	, BACHMORE CITT	OK COUNTY OF	DEATH						
Maryland CITY OR TOWN OF DEATH		S.A.	WIDOW		Baltimore			M					
CITY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LIFE} INDUSTRY								
Baltimore				Corporation	House wif	e							
USUAL RESIDENCE (IF NURSING HOME)	OF OTHER INSTITUTION	130. CITY OR TOW		1134 INSIDE CITY LIMITS?	113e STREET ADDRESS			=======					
The second secon	timore	Dundalk		YES NO X	6820 Robe		212	22					
14 FATHER'S NAME			11210	15. MOTHER'S MAIDEN NA		TCD MVC.	212						
FIRST	MIDDLE	LAST		FIR51	MIDDLE		LA	51					
unk 160/WAS DECEASED EVER IN U.S. A	PAFD FORCES?	Tribull	IDITY NO	17 INFORMANT	unk								
	GIVE WAR OR DATES)	TOB SOCIAL SECO	KIII NO.	17 INFORMANT ADDRESS 6820 Roberts Ave									
No.		217-20-9	9688	Virginia R. Krantz Balt., Md. 21222									
Canditions, if ony, which gave rise to immediate cause (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, O	R AS A CONSEQUE	DEATH BUT	TIC CORONAR			N PART 10						
THE STREET OF EXAMENS	170. COND	THOITTOR WHICH	OFERATIO	N WAS FERFORMED	YES NO	IN CERTIFYIN	G CAUSES	AUSES OF DEATH?					
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED NOT WHITE	P. PLACE	M. MONTH DA	19	211 LOCATION STREET	RED (ENTERNATURE OF IN)		ORPART 2)	STATE					
170 PHYSICIAN'S NAME (1792	Vin	decrased fram Y/9 19 8		DEGREE ATTENDING PHYSICIAN	death occurred an the	AFF ICIAN X	720. DATE	9-82					
DR. DAVID		SH MD		100									
230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23 c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		UNTY	STATE					
Cremation	7/12/8	12	reen	Mount Cem.	Baltimor		_	317.1					

OHMH- 16-50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Duda-Ruck Funeral Home of Dundalk, Inc.

State of the state

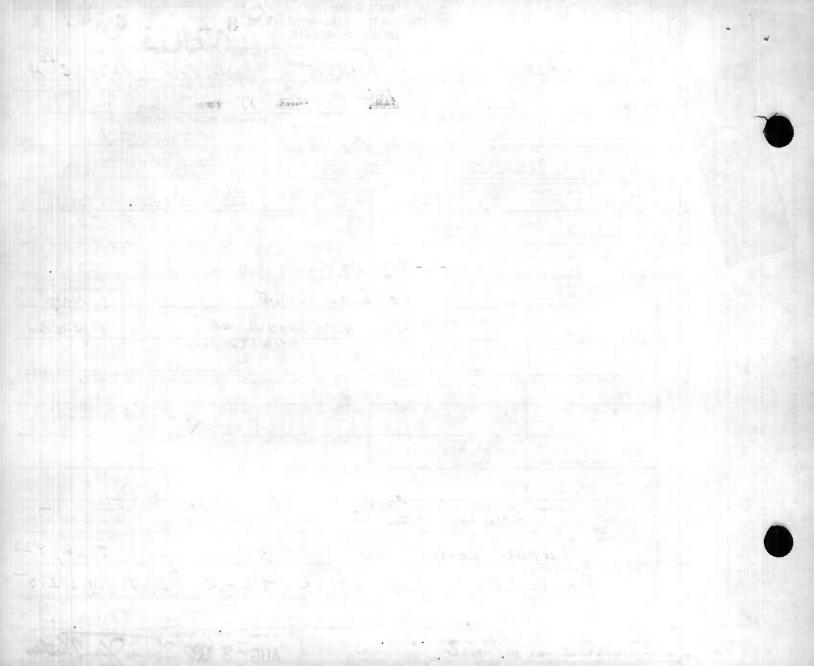
	1			STATE OF MARYLAND						
	1	1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 8 0 6 9								
	1	REGISTRAR		CERTIFICATE OF DEAT			9 7			
	I DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR /			
of h	(TYPE	ORPRINT) Bea	trice E.	Samolers	7	Taly 7-82	6 8			
12	3 SEX		14 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	0	M			
14/22	3 56,	1	1 4	MONTH DAY YE	EAR H	MONTHS DAYS				
950	7. 00	remale	Black		0 11	YRS.				
a.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRI	ED LIK. 19	OR COUNTY OF DEATH				
		Va.	NSA	WIDOWED DIVORCE			MD			
e le	10 %	TY OR TOWN OF DEATH	THE OF HOSPITAL, I	nursing home or other institution restreet address)	ON 126 USUAL OCCUPA (TYPE OF WORK FOR MOST		OF BUSINESS OR			
10 S O S	10	selimore	I KOUD,	21/						
213	13a S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU		CE BEFORE ADMISSION) OR TOWN 13d INSIDE CITY LIA	AITS? 13e STREET ADDRESS					
ND 24 h		Mal	1	HO, YES TO NO!		W. 43rd	51			
thin thin	14 FA	THER'S NAME		15. MOTHER'S MAIL	DEN NAME					
MAR mple		LI) Ilian	MIDDLE	ST FIRST	MIDDLE	L	.ASI			
	16a. W	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	ADDI	ESS				
ALTIMORE The be executed by the best of t	(Y		VE WAR OR DATES)	22 000/ 1/: 1	1 11 12	00	N.			
LTIM ion rs. P		NO	12/5-	30-0086 Michael	Flowers 1:	s Rozina (
rficate physici popei		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per prior (o).	(b) and cf	a Pahont 1	BETWEEN	NONSET AND DEATH			
ST.,			TE CAUSE (0)	N SIRM	4 Mary	NOXA				
2 0 55 5		2500	DUE TO, OR AS A CON	LEQUENCESF 1 2 to	/					
RESTOI e death nave ca nave ca nave ca		Conditions, if ony, which	(b) Vek	ILBKA WILL	4 OCC 10510.	N	A STATE OF THE PARTY OF			
The of the centre		gove rise to immediate couse (a), stating the	DUE TO CRAS A CON	ISPOLIENCE OF . 1 0	m 11	~				
that the		underlying cause lost	DIADO	Tamalletto -	Eremala Hr	perlayan				
20 20 ple es t		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	SE TERMINAL DISHASE OF CO.	DITION GIVEN IN PART I	la.			
	Z			BOLLING RECKIED TO I	TE TERRITORIE DISCUSE DE JOS	Man bendance and a contra				
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir of the this certificate has been signs as the burial-transit permit. Then th and Mental Hygiene prior to be orked or Item 18 spows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPŠÝ2	206 IF YES, WERE FIND	INGS USED			
nos brong perm	문				- X	IN CERTIFYING CAUSE	S OF DEATH?			
TAI	E8	21a ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	71, HOW IN HIPY	OCCURRED (ENTER NATURE OF IN)	YES T	NO 🗆			
DF VITA ETAN: T physici physici rel Hygi m 18 sp		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	OCCORRED (ENTERNATOREGOPIN)	JRT IN HEM 18, PART (OR PART 2)				
SICIA ng p certif certif malditem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19						
PHY endi	MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE			
DING P or after After t e as the alth and	-	AT WORK AT WORK		(6)	0.	1- 0=				
		22a.1 certify that (1) (this hosp	oital) ottended the deceased	from 6/2/ , 19-	82_,10_//	19.82	, that (I) (we) lost			
ATTEND Sspital o SCTOR: A d for use t. of Heo T. of Heo		sow the deceased alive or	at) view the bady after death	_19and that in (my) (our) a	opinian death accurred an the	date and hour and fram th	e couses stated			
OR A bosh or hospital bept.		226. SIGNATURE	an view ide oddy diller decill	DEGREE		22c. DAT	E SIGNED			
7 4 7 4 9 7		John 1	leones	ATTEND ATTEND	DING MEDICAL STA	AFF 7	7/8/2			
SSPITAL ed by t UNERAL J be det he Store		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	122e, ADDRESS	LIAN _ DIRECTOR _ PHYS	CIAN []	110			
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TO HOSPITA retained by TO FUNERA should be de with the Stot		Noveki				me one	<u> </u>			
1617	(5	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY	STATE			
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DHMH - 16 60M 1/75		INERAL DIRECTOR	ADDI	12	Sa DATE REC'D. BY REGISTRA		ATUPS			
(VR A 15 (4))		Wm C March F/H	1101 E.	North Ave	JUL 9 1982	Many Ja	allester			

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	ш		E ORPRINT)			AMEC						OF ESTI- DEATH MATED	7	-26-8	2	
	CTOR. FILES. FOURS TREET,	3 SE)		John RACE					naffer UNDER TYR. TIF UNDER 24 HRS. 1			2c. DATE	H DAY	17 //		
	50 A B	0.027			MONTH DAY	YEAR 1	LAST BIRTHDA	Y) MONTH		HOURS	MIN,	PRONOUNCED DEAD	7	-26-8	2	2:45P
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	経験を		REIGN COUNTRY)		2		161:		ED NE							
	2360	MARYLAND III CITY OR TOWN OF DEATH			USA WIDOW				TED CE STRONGES ET DOTTINK				Ore City MD (TYPE OF WORK 1126 KIND OF BUSINESS			
	PAGE PAGE SE PILE	Baltimore			(IPNOT IN SUCH FACILITY, GIVE STREET ADDRESS) 900 Cathedral Street OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				FOR MOST OF WORKING LIFE) CLERK				OR INDUSTRY			
PPECTON ST. BALTIMORE, MD. 21201	F ANY DELA 2, AND 3 TO 3, RETAIN P. SHOULD BE U. RECORDS,	3a. S		13b. COUN		13c. CITY	OR TOWN	ON)	13d. INSIDE CI	NO [13e. STR 90	EET ADDRESS OO CATHE DR	AL ST	Γ.		
g	A2424	14 FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	EN NAME	WIDDLE		14	AST	
H.	284320C	JOHN			A. SCHAFFER			CATHERINE A.					BF	BREEN		
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S	24 HOUI ITEM 16 IONG V PERMIT GIENE, I		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease													
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201	ON SEX		lying cause lost.										3V1			
DIVISION OF VITAL RECORDS, 201 W	HOULD BE EXECUTED WITHIN 24 HO RD "PENDING" IN PENCIL IN TEM I HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL. TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
â	PEA MEA		190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AU	20 AUTOPSY?			
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N	SECONO.	3	UNDERLYING CONTRIBUTING	OR CAUSE OF			19									
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É	MNER. THIS CERTIFICATE SHO FICATE, WRITING THE WORD EFORWARDED TO THE CHI CTOR. PAGE 3 SHOULD BE UF H THE STATE DEPARTMENT OF LAND, 21201 PRIOR TO BURN	\$		NOT WHILE] SIREEL, PAC	TORT, FARM, E	IC.J	,	INCL			CITORIOWN		COUNTY		SIAIE
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	SE S	1	SIGNATURE	Anne	- Cy	m.	1000			rigiri		ICALEXAMINER	310	NED		
	ER D		EXAMINER'S NA		arita a	Korel	1. M.D.		ADDRESS	111 F	Penn	Street				
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201	23a.B	URIAL, CREMATIC		3hr DATE.		NAME OF CEA				123d. LC	CATION		OLIVIEN		
		(3	BURIAL		DEC. 29.1		MOST HO				BA	LTIMORE	CC	VINIO	MD	ATE
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7 70	BIRTHPLACE (FOREIGN COUNTRY)		76 CITIZEN OF WE	SA	8. MARRIED X	NEVER MARR	IED 🗀	TIMORE CITY OF Baltimor	R COUNTY (OF DEATH AM
10.	Baltimo		(IF NOT IN SUCH FA	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) 5 Madison A		STITUTION	12s USUAL OC FOR MOST OF			KIND OF BUSINESS OR INDUSTRY
130	STATE MD	13b COUN	R OTHER INSTITUTION, GI	residence before admission 13c. CITY OR TOWN Baltimore	N) 13d. IN		13e STREET AD 2225	DRESS Madiso	n Ave	enue
(0)	FATHER'S NAM FIRST MUTT		MIDDLE	Scarborough Scarborough	gh	THER'S MAIDE		MIDDLE	arbo	rough
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-	1/2	F-12 1-1								
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- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

CERTIFICATE OF DEATH

Marie Constant of the standard Mobilian long ware , Paperis of Fertin (weeks)

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND	25	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2	1 8
CERTIFICATE OF DEATH		

	STATE REGISTRAR				ICATE OF DE		RE	G. NO.		
	OR PRINT)	FIRST	MIDDLE	6 1 1	AST	1	20 DATE OF DEA		OAY YEAR	26 HOUR
		Charles	Lawrence		tthober	Jr.		Julyl	- , -	
1 SE)		4.	RACE	5 DATE (YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAY	
100	Male		White	01	20	02		80 YF		NOURS N
M. BI	RTHPLACE (STATE	E OR FOREIGN 76	CITIZEN OF WHAT COL	INTRY? 8	D NEVER MA	nnico 🗆	9 BALTIMORE C		NTY OF DEATH	
	arvland		U.S.A.	WIDOWE		RCED	Ba	ltimor	e City	
	TY OR TOWN OF	DEATH II	I. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTIT	UTION	12a. USUAL OCCI			OF BUSINESS
	Baltimo	re	(IF NOT IN SUCH FACULTY, GIT	d General	Hospita	al	Carman			
U UA	AL RESIDENCE (IF	NURSING HOME OF OT	HER INSTITUTION GIVE RESIDEN						. Nal.	Lroad
130 S		136 COUNTY			YES A	LIMITS?	13e STREET ADDR			1000
14 FA	aryland THER'S NAME		· I bal	timore	15. MOTHER'S M		1308 Ku	per St	reet, Z	1223
	FIRST			Sr.	FIR		MID	DIE	_ 1	AST
160.34	Charl	es I VER IN U.S. ARME		lotthobe:			D.	DDRESS	Se	chafer
	ES NO OR UNKNOWN		VAR OR DATES)		17 INFORMANT					
	No		705-	03-5141	LILLIA	N GOLI	DSTRAW 1	308 Ku	per Stre	
	18 CAUSE OF DI	EATH (Enter only I	one cause per line for (a),	ary Arter					BETWEE	XIMATE INTERVA
NO	PART 2 OTHERS	SIGNIFICANT CO	nditions <u>contributi</u> n	NG TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	(0
CERTIFICATION	19a DATE OF OPE	ERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORM	AED	20a AUTOPSY	INCE	YES, WERE FIND RTIFYING CAUSE YES	
	21a. ACCIDENT WAS	CAUSE OF OEATH	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCC	MEDICAL EXAMINER)	P.M.	19	211 LOCATION					
MEC		T WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM ETC.)	STREET		CITY	ORTOWN	COUNTY	STAT
	AT WORK	WORK				0.7		15	0.0	
			ottended the deceosed July 15 view the body ofter death		nd that in (my) (or	ur) opinion d	to JULY	he date and	hour and from th	, that (A (we) e causes state
	226. SIGNATURE	00	0 - 1		DEGREE	5.164			22c. DAT	E SIGNED
	mey.	the 1	result.	MD	ATT PH	YSICIAN [MEDICAL DIRECTOR PI	STAFF TYSICIAN X	7/1	6/82
	274 PHYSICIANI	S NAME (TYPE OR PE	RINT)		22e ADDRESS					
	Jose	ph Piszc	zek, M.D.		C/0 1	Maryla	nd Gener	al Hos	nital	
23n B	URIAL, CREMATIC	ON REMOVAL I	23b. DATE	234 NAME OF C	EMETERY OR CRE		123# LOCATION		pital	
	SPECIFY)	or i, nomovat					CITY OR TO	VN _	COUNTY	Manuel
24 FI	Burial INERAL DIRECTO		07-19-82		don Park	The second second	Baltim		-	Maryla
24.0					27220	250 DATE	PECID BY PEGIS	PARIZE DE	CHETO AD'S SICH	DE A
	NAME		ome, Inc. 41	ORESS	21229	25a. DATE	REC'D. BY REGIS	RAR 25b. REC		arker



8		FOR - STATE REGISTRAR					T OF H	OF MARYLAND FALTH AND MENTAL HYGI CATE OF DEATH	IENE 8	2 REG. NO	1	8 0	7	8
1		CEASED NAME	FIRST		VIODIE			51	2a DATE OF	DEATH	MONTH D	AY YEAR	26 HO	UR
1	_		deric		E.			HMELZ		20,			8:0	00а м
	.s. SE	Male		Whi	te		DATE O	F BIRTH OAY YEAR 18 1894	6. AGE (INYE	ARS LAST BIRT	YRS	FUNDER I YEAR	HOURS	R 24 HRS
5		IRTHPLACE (STATE OR FOIL COUNTRY) Md.	13.	U.S.	Α.	N W	IDOWE		Baltimo	more		OF DEATH		MD
8		Baltimore		Mary	land	STREET ADOR	al l	other institution			WORKING LIFE	126 KIND (INDUSTRY City		IESS OR
3	130	Md.	GHOME OR OT 3b COUNTY	HER INSTITUTION.	130 CITY OR Balto	NWOTS		13d INSIDE CITY LIMITS? YES 🗶 NO []	13e. STREET A	DDRESS 1 Kir	k Ave			
0	14 F/	ATHER'S NAME FIRST	M IC	DLE	LAS	57		15. MOTHER'S MAIDEN NAM	ΛE	WIDDLE		1	ST	
0		Martin				melz		Sally				herwo	od	
/		WAS DECEASED EVER IN YES, NO OR UNKNOWN) YES	U.S. ARME	AR OR DATES)	218-4			Lorraine Be	erlin	ADDRE:	Same	е		
		2765	S CAUSED I	CAUSE (o)	Pneur	monia	E OF					BETWEEN 3 Da	ONSET AND	RVAI D DEATH
		Conditions, if only, or gove rise to imme couse (o), stoting underlying cause PART 2 OTHER SIGNIF	diote the lost	(c)	Dehy	sequence dratio	e of on	401 RELATED TO THE TERMI	NAL DISEASE	OR COND	ITION GIVE	N IN PART II	0	
	0 N	Line 1			Chron	nic O	rgar	ic Brain Sync	rome					
2	CERTIFICATION	190 DATE OF OPERATION	ON	196. CONDI	TION FOR W	HICH OPE	RATION	WAS PERFORMED	200 AUTO	PSY?	20b. IF YES, IN CERTIFY YES	WERE FIND II ING CAUSES	NGS USE OF DEA	TH?
1		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF HOUR A.M	A. MONTH	H DAY	YE AR	21c HOW INJURY OCCURR	ED (ENTERNAT	URE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)		July 1
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e PLACE C	OF INJURY EET, FACTORY, O	FFICE, FARM, I	ETC)	211 LOCATION STREET		CITY OR TOV	72	COUNTY		STATE
		220.1 certify that X) (the saw the deceased above, X) (we) (did	olive on	July 2	0	19 82	uly , onc	19 , 19 <u>82</u> I that in (1%) (our) apinion d			te and hour		that XX	
		22b. Signatura	y,	Sma	thu	8	- 1	EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI		7/20		
		Mary Si	thei	s, M.D	•			22e ADDRESS Maryland Gene	ral Ho	spita	ıl			1
	23a E	BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL	7-21-	82	Lor	rair	metery or crematory ne Park	23d. LOCAT	ION PR TOWN		COUNTY	M	id.
		enry W. Je	nkins	& Sor	s Co.	4905 Bal	Yo.to.	rk Rd. 250. DATE , Md.	REC'D. BY RE	GISTRAR Z				=

DHMH - 16 50M 1/B1 (VRA 15, 4)

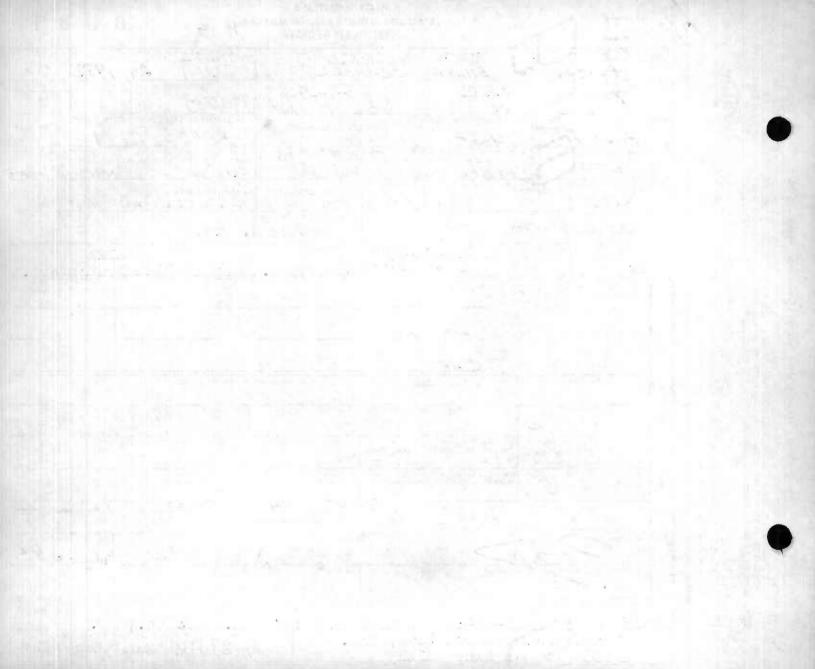
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, th

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7		FOR STATE			DEPART	MENT OF H	EALTH	AND ME	ENTALH	YGIENE		- 1	8	11	a	n
5		REGISTRAR		ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATE O			REG. NO.		0	0	9
		CEASED NAME OR PRINT)	E FIRST		WIDDLE			LAST		2a. [DATE KNO	WN 🛛	HINOM	DAY	YEAR	25 HOUR
30 00 00 E	Lin	CORPRINT	WILSON	J	E.			SCHOOF	FIFLD	D	OF ES	TED [7	14	19 82	_ M
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(aa)	10	ale	Black	MONTH DAY	YEAR	LAST BIRTHDAY		S DAYS	Hours	MIN PRO	NOUNCE! DEAD		7	14	19 82	3:40
、 表下的)		RTHPLACE (S		Sept. 22.	HAT COUN	TRY?	_			9. B	ALTIMORI	E CITY OR	COUNT			1 a M
10000000000000000000000000000000000000		REIGN COUNTRY)					WIDOW		VER MARRIE	E-173	3		-			
Magn 3	10 CI	Md TY OR TOWN	OF DEATH	U.S.A.	SPITAL NIL	RSING HOME			TION	D U B	altim OCCUPATI	Ore (OF WORK	12b. KIN	D OF BU	MD.
SEGES V				LIF NOT IN SUCH F.	ACILITY, GIVE S	TREET ADDRESS)		EK II VOI II O	11011	FOR MOST	OF WORKING	LIFE)	OI WORK	OR	INDUSTR	RY
300 8800	LACTI	Baltim	ore	Univel OR OTHER INSTITUTION, G	rsity	Hospit	al			Labo	orer		Con	str		
ANY D AND 3 RETAIN RECORD	13a, S		136 COUN	1TY	13c CITY	ORTOWN	4)	13d. INSIDE CI		13e STREET	ADDRESS					
AND	3	d.	Worst	er	Poc	omoke		YES 🗌	NO 🕞	RFI	2	Box 2	50			
M H A S S S S S S S S S S S S S S S S S S	14. F/	THER'S NAM	E	MIDDLE		LAST		15, MOTHE	R'S MAIDEN	NAME	MIDDLE			Į.	AST	
# 505383(D	Noah	Schoolf	field				Cec		roppe						
NO SER		VAS DECEASE	D EVER IN U.S. AR		16b. SO	CIAL SECURITY	NO.	17. INFORM	TAAN		A	DDRESS				
BALTIMO SE AFTER D SE AFTER D SE PAGE 11 DIVISION O	,,	No	(IF TES, GIVE	WAR OR DATES!				Clel	Denni	s. Por	amok	a. Mc	1.			
SE S		T8 CAUSE C	F DEATH (Enter on	ly one cause per line	e far (a), (b), and (c).)								APF	PROXIMATE	INTERVAL AND DEATH
ON ST., 24 HOUR ITEM 18, LONG W PERMIT, GIENE, D	V	PARTID	EATH WAS CAUSE	D. RV.		ole inj	urie	S						BELAA	TEN ONSE	AND DEATH
		0/6	IMMEDIA	15 51005 (0)		SEQUENCE O										-1-11
ATHIN WITHIN NCIL IN INER A RANSII MALHY REMO		Canditio	ns, if ony, which													
W.W. ENGINE SATA			se to immediate) stating the under-		AS A CO	NSEQUENCE O						_		-		
A CASANO		lying car		DOE 10, OF	AS A COI	ASEQUENCE										
2 5 a a a a a				(c)										1		
DIVISION OF VITAL RECORDS, 2011 SCRIFFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROPERTY MEDICAL EXA RES SHOULD BE USED AS A BURRAL. EDEPARTMENT OF HEALTH AND ME SO PRIOR TO BURRAL. CREMATION.	2	PART 2 DIMERS	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUI NOT REL	ATEO TO THE TERMIN	IAL DISEAS	OR CONDITION	N GIVEN IN PART	[1 (a).						
— GALASEE	CERTIFICATION		0000 4 740 44	View			71011111							T.		
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND (2	22.2	(TYPE OR PR				NAME OF CEM		ADDRESS_					- ' '	-		
	230.B	SPECIFY)	TION, REMOVAL							23d. LOCA CITY OR TO	OWN Tal	or. 1	coul	YTY	51	ATE
BP	77.7	Burial	700	7/18/82	2	t.James	Ce			POCOMO.				IGNATI	IPE.	
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- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A The street of th 2-17-62 HOLY BOUNGMEN CHIC, BALLI ORE, BARNAUE - 1244 Chesech IVo.

72	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Education

22c. DATE SIGNED

7-26-82

REGISTRAR				CERTIFICAT	TE OF D	DEATH		REG. NO.			300		
DECEASED NAME	FIRST	MIDI	DLE	LAST			2a. DATE OF D	EATH MO	ИІН	DAY	YEAR	2h HOU	JR
4	Hel	en (J.	Shul	t 7		07/2	26/82				3:	2
. SEX		4. RACE		5. DATE OF BIR			6. AGE (IN YEA	RS LAST BIRTHD	AY)	IF UNDER	YEAR	IF UNDER	24
Female		White		May 31	, 1	92 ^{YEAR}	60		YRS.	MONTHS	DAYS	HOURS	٨
BIRTHPLACE (STATE C		76 CITIZEN OF WH	HAT COUNTRY?	8 MARRIED XX	NEVER /	MARRIED	9 BALTIMORI	CITY OR C	OUNT	Y OF DE	ATH		
Pennsylva	ania	U.S.A		WIDOWED		VORCED [Balt:	mara	Ci	+ 17			
CITY OF TOURS OF F	AF A TILL	ITT MINANT OF HO	CRITAL AUGRETA	0 110 115 00 00			THE RESERVE OF THE RE		- 13	1.40			$\overline{}$

Secretary Hopkins Hospital Pennsylvania York 17402

Lynhurst Road 15 MOTHER'S MAIDEN NAME McCarthy James Emma Connors 17 INFORMANT 183-18-7657Clair R. Shultz 343 Lynhurst Rd. 17402

18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
I MMEDIA	nly one couse per line for (a), (b), and (c), DBY; TE CAUSE (a) Tyre versible Shock	24 hours
Conditions, if any, which gove rise to immediate	Due to, or as a consequence of Septicemia.	
couse (o), stating the underlying cause lost.	Due to, or as a consequence of Pao hable Pruemonia	

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

Budd - Chiari 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21f LOCATION CITY OR TOWN COUNTY STATE

our) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME ITYPE OF PRINTS

DIRECTOR PHYSICIAN 22e ADDRESS

Frenneth Kern MD 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Hopkins Hospital

Burial

22b. SIGNATURE

Mount Rose CemeterySpring Garden, parces

DEGREE

ATTENDING

DHMH - 16 50M 1/B1 (VRA 15, 4)

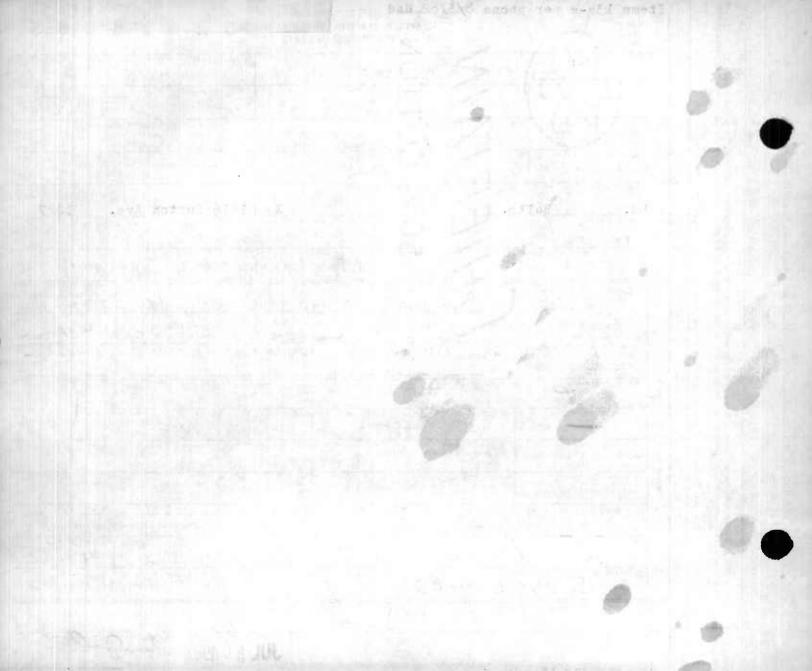
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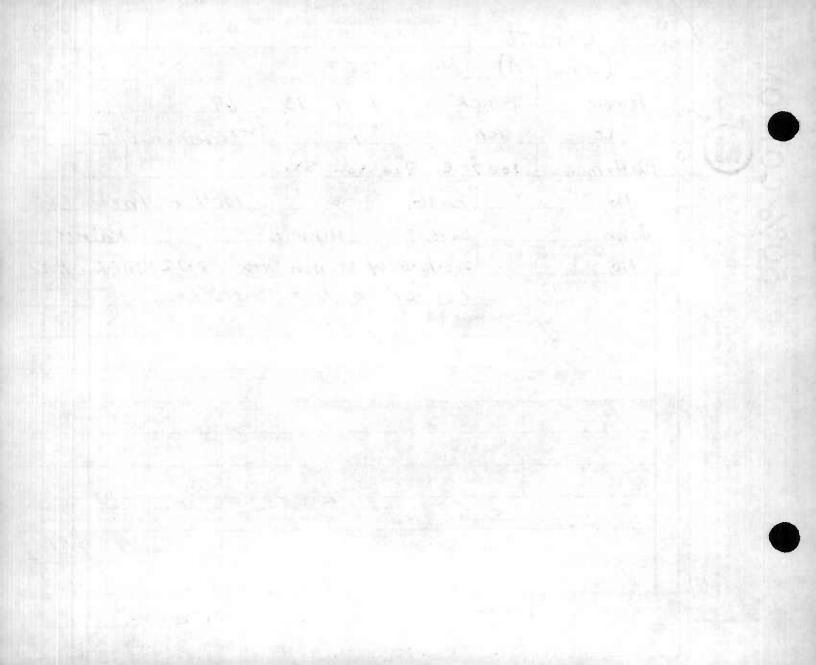
William E. Johnson 8521 Loch Raven Blvd. [1]

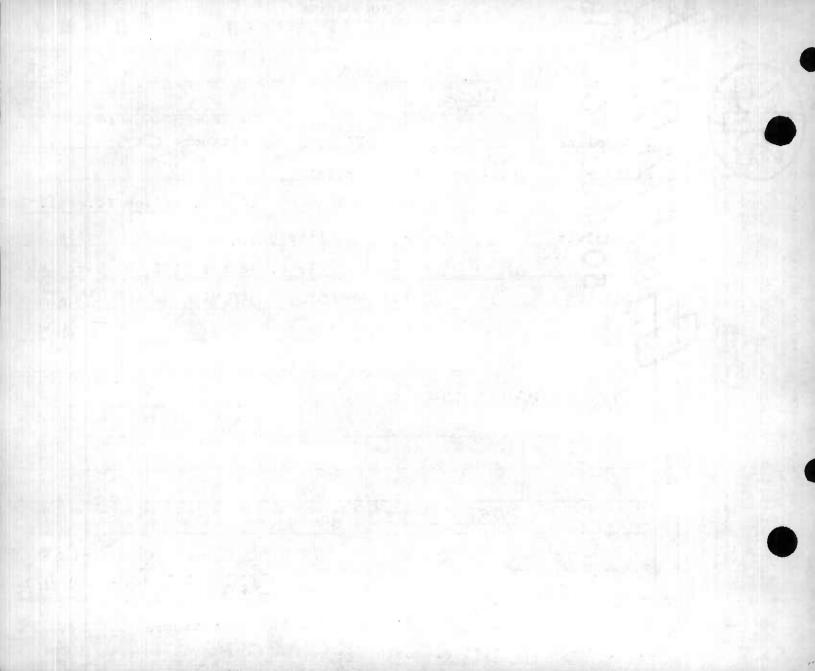
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on ond		WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	L SECURITY NO.	JODY LANA	RO M.P. ADDRE	Sinai	Hosp. Bat
equires that the death certs is signed by the attending p. Then please remave carbon to burial, cremation, ar remailury, or other traumatic ev.	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) S DOC DUE TO, OR AS A CON (c)	ISEQUENCE OF	s'a spontan	knoture of	insternal	4 days everal hour
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AL OR ATTENDIN the hospital or or AL DIRECTOR, Aft Placked for use of the Director of Health T: If Item 21 is man		220.1 certify that (I) (this hasp	ital) ottended the deceosed 4/8/8/2 23:05 A striview the body ofter death.	7, 82,	nd that in (my) (our) opinion of the control of the	death accurred on the de	ote and hour and fr	om the couses stated DATE SIGNED 4/8/82
TO HOSPITAL retained by the TO FUNERAL should be deter with the State MAPORTANT:		120 PHYSICIAN'S NAME (TYPE O	LANAR		Sinai /	Hosp, B	altimore	21215
OBP		BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE	I A	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	TY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24. F	JNERAL DIRECTOR	ADI	DRESS	250 DAT	E REC'D. BY REGISTRAR . 3 0 1982	Minu g	SIGNATURE CAME



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83	7a. BIF	Female THPLACE (STATE OR FOREIGN)	Black		6 AGE LINYEAR		82 2,20,
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1///	IV. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITU		CUPATION 12h.	KIND OF BUSINESS
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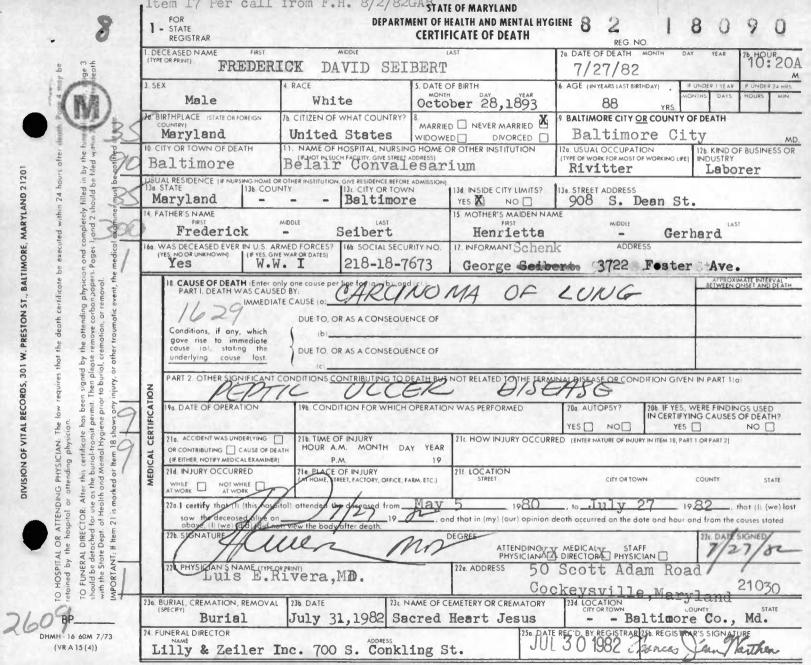




>	1 - ST.		DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	1808
	1. DECEAS	SED NAME FIRST	TON David	SCOTT		NTH DAY YEAR 26 HOUR
	3. SEX	Male	1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS HOURS
MAS	7a BIRTH		76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR C Baltimore	
37	10. CITY C	timore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) Baltimore	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINES
# # B	IJSUAL RE	SIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BET	WN \$13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Ivenue 21224
and 2 sh	14 FATHE	R'S NAME FIRST A	Scott Scott	15. MOTHER'S MAIDEN NA		LAST
s. Pages 1 and e medical exer	16a. WAS	DECEASED EVER IN U.S. ARA O OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	URITY NO. 17. INFORMANT -1030 Anna M. Sca	ADDRESS oft 3107 Fair	t Avenue
Then please remayes carbon to burial, cremation, arriving a plant, action arrivings, ar ather traumatic	on Un	ive rise to immediate use (a), stating the derlying cause last.	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TER	minal disease or condit	ION GIVEN IN PART 1(0)
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Henry W. Jenkins & Sons Co., Balto.,

(VRA 15, 4)

STATE OF MARYLAND

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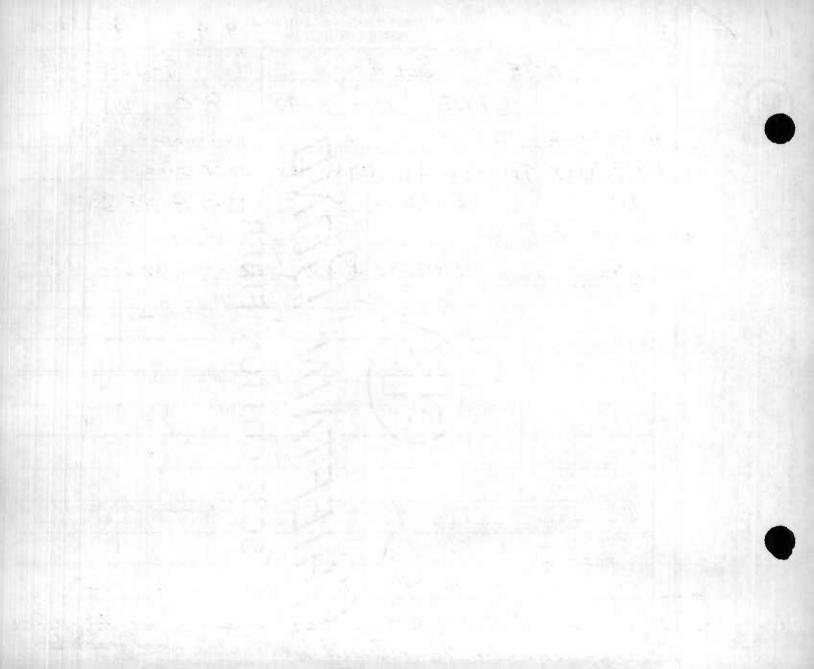
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C. MarchF/H 1101 E. North Avenue

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

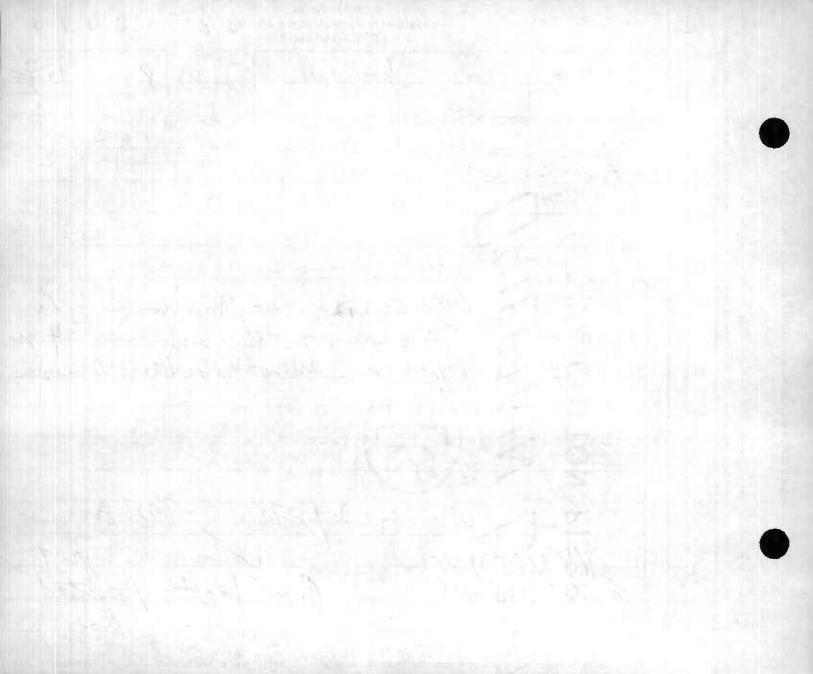
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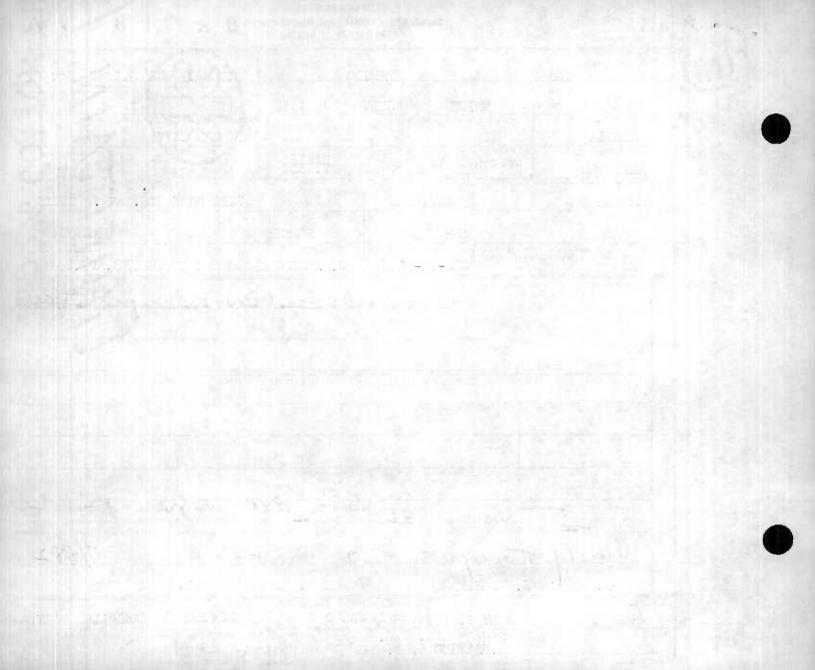
To DATE OF DEATH

CERTIFICATE OF DEATH



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$\infty\$



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME AATDDDLE MONTH 26 HOUR TYPE OR PRINT : 50 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 90 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED'S DIVORCED [1). NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY memake 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IVES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) dghtr 5-09-4689 Katherine Bailev no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211. LOCATION ŏ 21d INJURY OCCURRED The PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ , that (I) (we) lost sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) ould be 23¢ NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION, REMOVAL 23b. DATE Mt. Carmel Baltimore COUNTY 24 FUNERAS OR FINANCE Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S DHMH - 16 50M 1/81 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

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FOR - STATE

REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SELF-EMPLOYED 619 MARKHAM ROAD, 21229 FITZSIMMONS 619 MARKHAM ROAD, 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Colon PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) STATE COUNTY , and that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 7/17/82 DIRECTOR PHYSICIAN 3900 Loch Raven Blvd. Balto., Md. 21218 BALTIMORE CITY MARYLAND LOUDON PARK 07-21-82 ENTOMBMENT 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 4/B2 ADDRESS JUL 20 1982 Corners HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

CERTIFICATE OF DEATH

2b. HOUR

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IF UNDER 24 HRS

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DIVISION OF VITAL RECORDS,

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0 30 BP		SPECKY) Burial	- /	name of cemetery or crematory nt. Auburn Ce		COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79		uneral director	CH NOORESS		TE RECID BY REGISTRARISS REGI	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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DHMH-16 30M 2/80 (VRA 15, 4)	1	NERAL DIRECTOR NAME SERT S. BARRANCO SEVERNA PARK, MAD	IUL 1 5 1982

With the Said Said BURELLING PRINCED

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

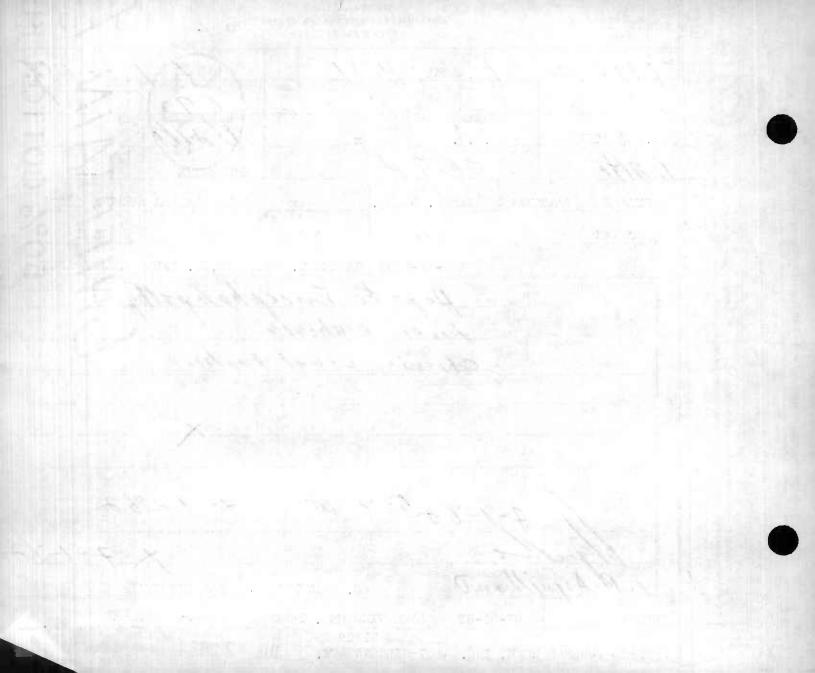
FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H	YGIENE 8 2 REG. NO.	18103
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10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
42/16	9/90	The state of the s	HOUSEWIFE	INDUSTRY
13a. STATE 3b &C	OTHER INSTITUTION GIVE RESIDENCE I			
11/2/		HGLDS YES NO K	2823 ALABAM	IA AVENUE, 21227
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	IAME	
JAMES	MII		MIDDLE	HUFF
160 WAS DECEASED EVER IN U.S.		SECURITY NO. 17 INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 218-0	03-2535 WALTER T. M	IcKINNEY, JR. 28	23 ALABAMA AVENUE
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The hope in the contract of the first of the	BEATH HOUR A.M. MONTH	DAY YEAR	IRRED PENTERNATURE OF HIS PA	TEN THE PART I GREPART ST
THE EDWER NOT PET MEDICAL TRANS THE INJURY OCCURRED	71s. PLACE OF INJURY	10 III LOCATION		
W AT SOLUTION OF	(AT PIGHE SHEET PACTORS OF	NEE FARM STEEL	CITY OF TOWN	COUNTY STATE
221 I certify that (II (the ha	on the they of the death	DEGREE ATTENDING PHYSICIAN 27x ADDRESS	MEDICAL STAFF	7 7 00
23a BURIAL, CREMATION, REMOV		730 NAME OF CEMETERY OR CREMATOR	CITY OF YOWN	COUNTY STATE
BURIAL	07-03-82	LAKE VIEW MEM. PARE	SYKESVILLE	CARROLL MD

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

CARROLL BY REGISTRAR 25D REGISTRAR'S SIGNATURE 2 1982

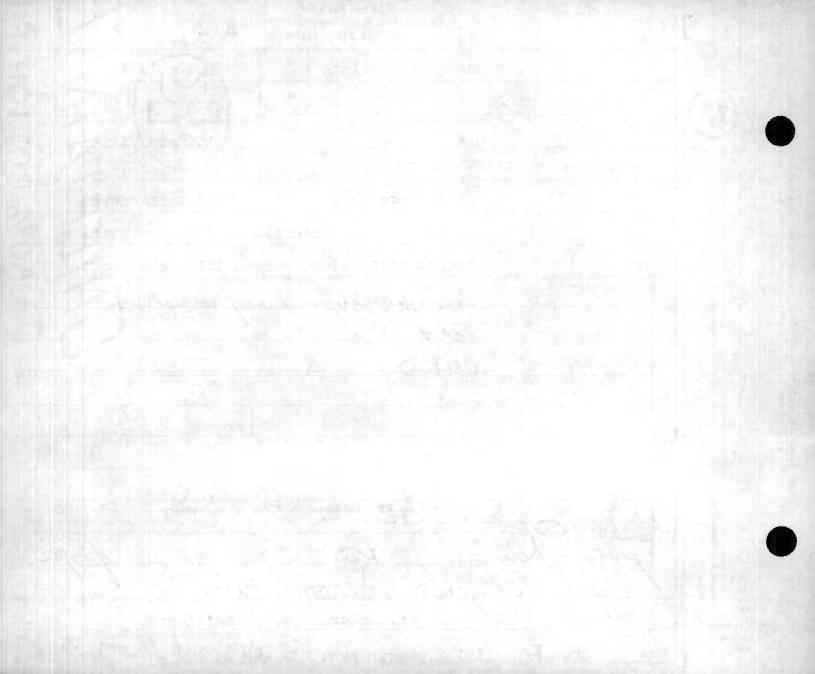
21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



AS TENANCE SIGNAPORE LINE SEE SEE HARAGON TO SEE HARAGON ARV CH PARTIE SOMETAN LANDERS EST S. FULTON AND MARKET SEE TO BE SEEN AND AND THE Mo. Here CALTINATES S. FOLDER AND AMELI DENGARIS H MIDL ZIG. 09. 4 Tex Strates to 12 S ESPIRATORY IN STRAIN SHOP ANTA PARKS SCHOOL SHOULD ENTERED IN SHOOL 1-11 -- 1474 Francis 11-5 Cycles The second of the Company 58-FI-T DSCAR G. FERNANDINI SSSTE PARIMENS NOTALING MINE TOP - No to the state of the st

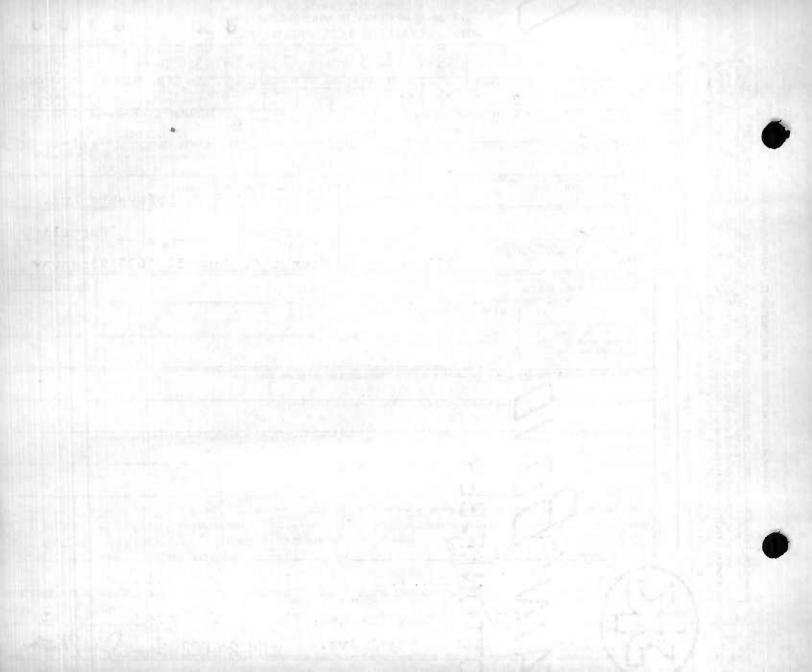
(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 7b. HOUR TYPE OR PRINTS Ida Mae Siler July 20, 1982 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF HINDER 2 LMB MONTH DAY YEAR Female. Black 13 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE 1118 Webb TCourt Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13: STREET ADDRESS Webb Court 136. COUNTY 13d. INSIDE CITY LIMITS? Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA JODGE MIDDLE Pricilla Watson Thomas 17 INFORMANT medicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 376-34-5247 Walter Morgan 1118 Webb Court APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), 45), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY 20 CITY OR TOWN COUNTY orked o AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE AT WORK 22a Lerrity that (1) (this hospital) attended the deceased fram. saw the deceased of the obove, (I) [we) [did/[did no and that in (my) (aur) apinian death accurred anthe date and have and from the causes stated 75 SAGRIATURE DEGREE 22c. DATE SIGNED MEDICAL MEDICAL PHYSICIAN PHYSICIAN MPORTANT 22e. ADDRESS 23b DATE STATE 7/27/82 Mt. Auburn Cem. Baltimore MD 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Wm. C. March F/H 1101 E. North Ave.

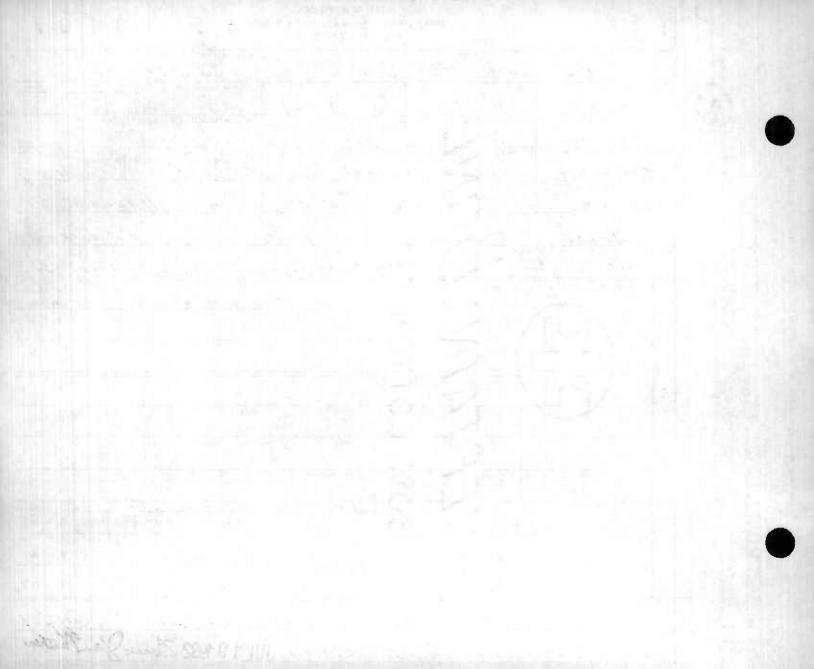


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X7 26 HOUR (TYPE OR PRINT) Clifton T. Simms ESTI-1819 82 DEATH MATED 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED Male Black 50 31 18 19 82 8:44 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City MD USA WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM.3. RETAIN PAGE 1. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS Baltimore 205 Lafayette Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13m STATE 138. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Baltimore MD 205 E. Lafayette Ave. YESK NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Timothy Purnell Simms Margaret 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 212-56-4940 George A. Purnell 1635 Kingsway No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). JID BE USED AS A BURAL - RANSIT PERMIT. MENT OF HEALTH AND MENTAL HYGIENE, D TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fatty change of liver MMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION Diabetes mellitus 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20 AUTOPSY? YES -NO [ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C SHOULD BE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211. LOCATION TO MEDICAL EAGURING WRITIN EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 22s I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural couses Accident Hamicide Undetermined monner TITLE (SPECIFY): 7/18/82 Assistant SIGNATURE _ Hormez R. Guard, . MD LLLPenn Street, Balto, MD EXAMINER'S NAME 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY STATE Baltimore MD Burial 7/21/82 Eastview Mem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Keithen **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5))

20M 4/B2



	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	18107
		CEASED NAME FIRST CATHE	reine M	Simon	20 DATE OF DEATH July	MONTH DAY YEAR 26. HOUR
CIN	3 SE	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 1 2 - / 3	6. AGE (IN YEARS LOST BIR	MONTHS DATS HOURS :
35	70. B	PARYland	U. S. A.	MARRIED NEVER MARRIED MUDOWED DIVORCED	BAITIME	
OC		By ITIMERY	(IF NOT IN SUCH FACILITY, GIVE STREET	gubert ST,	TYPE OF WORK FOR MOST OF	DE WORKING LIFE) INDUSTRY
35	13a. 3	ALRESIDENCE (IF NURSING HOME OR C STATE 13b COUNT ARYLAN &		N 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	HAUBERT S
OC William		JACOB	SI Ses & 19	15. MOTHER'S MAIDEN NA	MIDDLE	Hill de Bany
medica			MED FORCES? 166. SOCIAL SECU WAR OR DATES) 2/7-0/-	7474 MARY Kless	nick 143	2 HAUBERT SI
troumotic event, th		18. CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED JOHN STREET OF THE STREET OF		clemme heart.	direce	APPROXIMATE INTERVE BETWEEN ONSET AND DE
ury, or other	z	couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a
Shows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		AY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJL	JRY IN ITEM 18 PART I OR PART 2)
orked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STA
n 21 is rug		22a.1 certify that (1) (this hospite saw the deceased alive an abave, (1) (we) (did) (did not	4/-20 19		death occurred an the d	that (1) (we late and hour and from the couses state
NT: If He		22b. SIGNATURE	7.1. Our	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
IMPORTANT		22d. PHYSICIAN'S NAME (TYPE OF	twaci.	270 ADDRESS	S. Haun	en Steel. 217
_		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1 2/20/82 He	NAME OF CEMETERY OR CREMATORY		MARY/A
o		UNERAL DIRECTOR NAME ARIES L. STEVE	as Funeral Hone		TE REC'D. BY REGISTRAN	Chances Signal



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FOR 1 - STATE	DEPARTMENT
- STATE	400

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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-	-

108

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST Julia	MIDI	DLE		nonik	July 12,	1982	YE AR	26 HOUR
力を持	3. SE	x Female	4. RACE White	9	5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	7a. BI	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WE		8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	DE DEATH	MD.
9	10 CI	Baltimore	11. NAME OF HO		ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Seams tr	ION OF WORKING (JEE)	126. KIND OI INDUSTRY	F BUSINESS OR
5	130 S Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP LTYLAND	VTY 13	e RESIDENCE BEFORE C. CITY OR TOW Baltime	/N	13d INSIDE CITY LIMITS? YES XX NO 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS 3320 Rosa	136		111111111111111111111111111111111111111
		John Petra		LAST	T. A	Ludmilla	Mata:		LAST	
		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	SOCIAL SECT 214-38-		Alexander	Ratych 33:		alie	Avenue
	NO	Canditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUE	ENCE OF	PIRATORY NOT RELATED TO THE TERM			N IN PART 110	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	on for which	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOXX		WERE FINDIN NG CAUSES	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hasping saw the deceased alive on above, (I) (the) (eld) (did not 27b. SIGNATURE 27d PHYSICIAN'S NAME (17PE C	P.M. Ple PLACE OF IAI HOME STREET. Ital) oftended the department of the place of	MONTH DO	ARM ETC)	21t. HOW INJURY OCCURION SIREET 21f. LOCATION SIREET SIREET 21f. LOCATION SIREET SIREET SIREET SIREET SIREET	RED (ENTER NATURE OF INJU CITY OR TO	, 19 ate and hour c	COUNTY	
		G. R. Rao,				7112 Darl:	ington Dr	ive Ba	ltimo	re, Md

DPINH - 16 50M 1/81 (VRA 15, 4)

the burial-transit permit. Then pleas and Mental Hygiene prior to burial,

O FUNERAL DIRECTOR: After hould be detached for use as with the State Dept. of Health

MPORTANT: If Item 21 is

marked or them 18 shows

Burial July, 15,82

14. FUNERAL DIRECTOR Funeral Homes, Inc. ADD

23b DATE

230. BURIAL, CREMATION, REMOVAL

,82 Parkwood Cemetery

Pad LOCATION
CITY OR TOWN
Baltimore,

Maryland STA

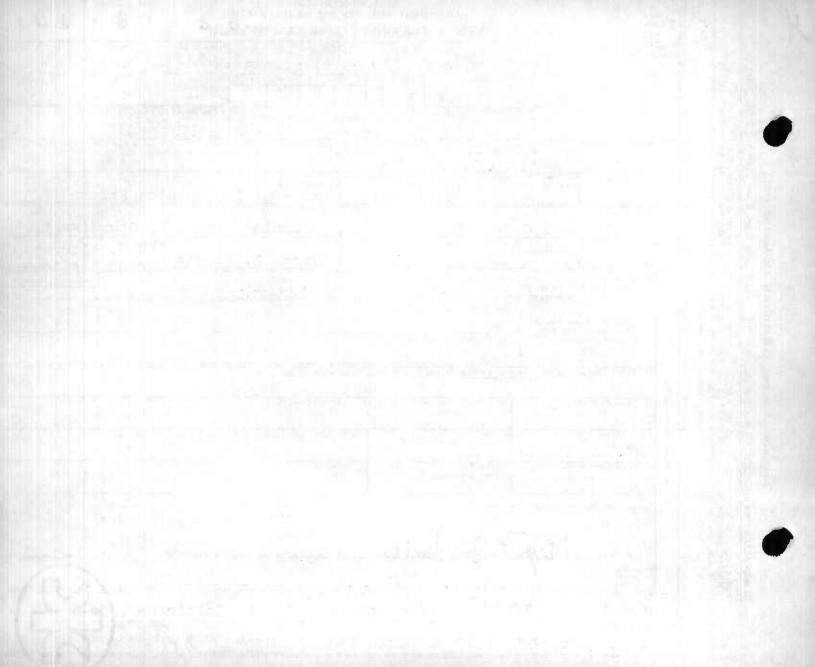
7110 Belair Road Baltimors, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRA

registrate signature.

9 7 \$1.5 \tag{2} \ THE STREET WAS TO SEE THE with the Court of the party of the Court of

LEASE CTOR FILES IOURS TREET,	(TYPI	CEASED NAME OR PRINT)	FR		HOMAS	(SIMO		/ IMONS	DE	OF ESTI	ED 7	7-20-		26 HO
MCESS. HERE JNERAL DIPECTOR FOR-YOR FILE WITHIN 72 HOURS PRESTON STREET,	3. SEX		4 RACE	DATE OF BIRTH	YEAR	LAST BIRTHDAY)			UNDER 24 I		DATE			AY YEAR	20 110
SES 1. 2 AND 3TO THE FUNERAL DESTANDANCE SES 1. 2 AND 3TO THE FUNERAL DESTANDANCE S. FOR AND 2 SHOULD BE FILED, WITHIN 72 F. VITAL RECORDS, 201 W. PRESTON	Ma		Black	5 2	06	76 YRS	5.				DEAD		7-20-		\$:50
ES!	7e. BII	RTHPLACE (STA	ATE OR	76 CITIZEN OF V	HAT COUNTE	RY?	MARRIED	NEVER	RMARRIED	9. BA	ALTIMORE (_		OF DEATH	
3/0			N.C.		JSA		WIDOWED		DIVORCED		Baltim		City		1
200	10. CI	Y OR TOWN O	OF DEATH	11. NAME OF HO	SPITAL, NURS		OR OTHER	INSTITUTIO	DN 126		OCCUPATIO OF WORKING LI		WORK 12b	OR INDUS	
0		Baltimo	ore		entalou										
3/	USUA 130. S1		IF IN NURSING HOME	OR OTHER INSTITUTION, (13c. CITY C	OR TOWN	T30	d. INSIDE CITY L	LIMITS? 13e	STREET A	DDRESS				
1		MD			Balt	imore	,	YES 1	NO 🗆	52 E	Benta	lou	St.		
-	14. FA	THER'S NAME FIRST		WIDDLE	ŁA.	AST	15	MOTHER'S	S MAIDEN N	IAME	MIDDLE			LAST	
1	1	Georg		C.	Simon	ıs		Far	nnie				turd	livan	t
1	16e. W	AS DECEASED	EVER IN U.S. AI	RMED FORCES?	166. SOC14	AL SECURITY I	NO. 17.	. INFORMAI	NT		ADI	250	E. A	ltur	as
		No				N/A		Ernes	st L.	Sim		Tucs		Ariz	ona
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- - -	IFICATION	gave rise cause (a) lying caus	e to immediat stating the <u>under</u> se last.	DUE TO, O		O TO THE TERMIN	IAL OISEASE OR		1911	(e).			2	0 AUTOPS	_
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AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	WEDICAL 23n. BI	gave rist cause (a) lying caus (b) lying caus (b) lying caus (c) lying caus (c) lying caus (c) lying caus (c) log caus (c)	e to immediate stating the under stating the under see last. INIFICANT CONDITION OPERATION L CAUSE WAS OR IG CAUSE OF CCURRED NOT WHILE AT WORK by that I tack chaited fram: Nather thanks and the chaited fram: NAME ION, REMOVAL	CONTRIBUTING TO DEAT 19b. COND 21b TIME C HOUR A. DEATH P. 21c PLACE	DE INJURY M. MONTH E OF INJURY CTORY, FARM, ETC. Accident 23c. NA	DAY YEAR (AT HOME.	216. HOW 216. LOCA STREE Autopsy ide	TION Hamicide TITLE (SPEC	nspectionXX colfy) tant 111 Pe	CITY Individual State of the Control of the Contro	quiry , ed manner EXAMINER treet	and in	I OR PART 2}	YES - 7-20	ма

STATE OF MAKILAND



STATE OF MARYLAND

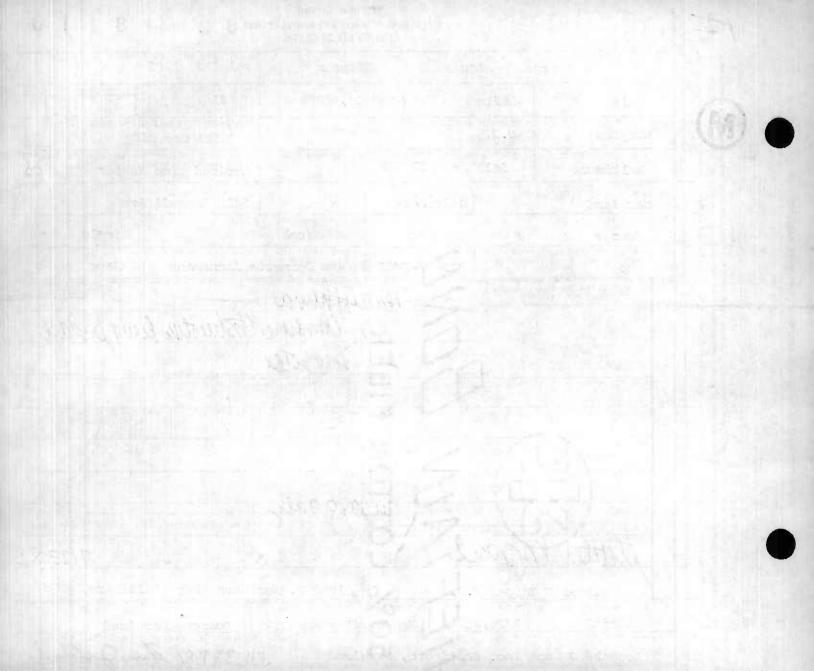
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CENTIF		REG. No).		
1. DECEASED NAME (TYPE OR PRINT)	George		ouis		Simpson	July 22, 1	MONTH DAY	YEAR	2b HOUR
3. SEX Male	ATE I	4. RACE White		5. DATE C	DF BIRTH 114, 04899 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HR
Maryland		U.S.A		MARRIE		9 BALTIMORE CITY O Baltimor		FDEATH	,
10 CITY OR TOWN OF D Baltimor	re	5418	Remmel'I	AVA	DR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired T		126. KIND C INDUSTRY PET	G& E CO
SUAL RESIDENCE (# N I STATE Maryland	13b COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimor	N	13d INSIDE CITY LIMITS? YES MO 🗌	130 SIREET ADDRESS 5418 Remme	ell Ave		
4 FATHER'S NAME FIRST George	N	MIDDLE F	Simpson	2	IS. MOTHER'S MAIDEN NA Sarah	WE	R	ieglê	ST
160. WAS DECEASED EVI (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECUR 212-05-7		Mrs Jeanet	ADDRE te Linnemanı		Same	Willia.
Conditions, if or gove rise to in couse (o), sto underlying cou	immediate ating the	DUE TO, OF	R AS A CONSEQUE		Olvoure Diabotos	Obstuctu	i lun) bis	ease
gove rise to in couse (o), stounderlying couperlying couperlying coupers of the couper stounds of the couper s	ony, which immediate the use lost.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	RAS A CONSEQUE	NCE OF			DITION GIVEN	IN PART 1	o NGS USED
gove rise to in couse (o), stounderlying course (o).	ny, which immediate ating the use lost.	DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CO	NAS A CONSEQUE	NCE OF	Clydus Diabetes NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [IN PART 11 /ERE FINDING CAUSES	o NGS USED
gove rise to i couse (o), sto underlying could part 2 OTHER SI	ny, which immediate atting the use lost. IGNIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CC 196 CONDIT 216, TIME OI HOUR A.M	R AS A CONSEQUE ENTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA	NCE OF	Clydur Drabetes NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [IN PART 11 /ERE FINDING CAUSES	OS USED OF DEATH?
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DHMH- 16 50M 1/81 (VRA 15, 4)

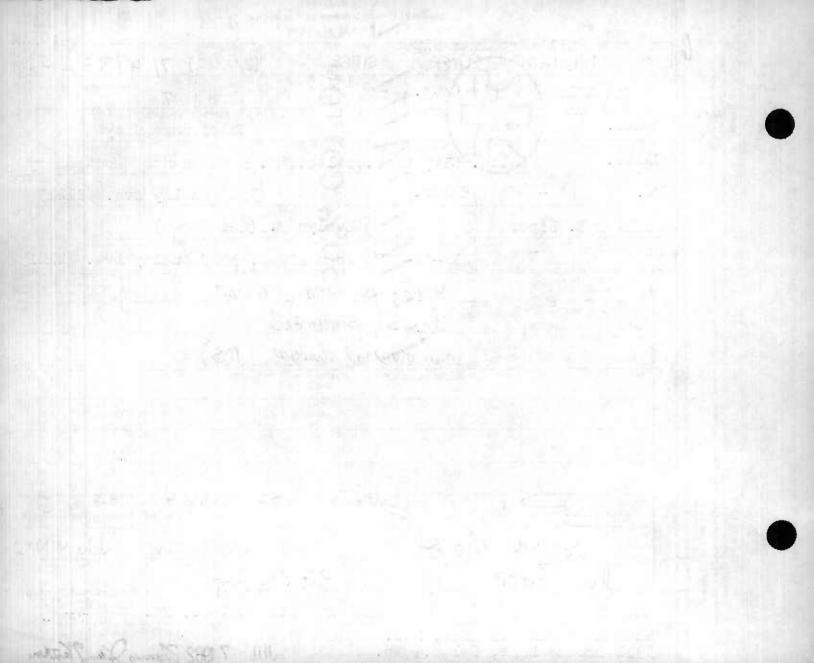
Leonard J Ruck Inc. Baltimore, Maryland

JUL 23 1987 Thank Jan Mostle



	A /	1						STAT	E OF MARYLAND				
-			1 -	FOR STATE			DEPART		EALTH AND MENTAL H	rGIENE 8 2	1	8	
	MIS			REGISTRAR				CERTIF	ICATE OF DEATH	REC	G. NO.		
				EASED NAME	FIRST	^	AIDDLE		AST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	poge,	.00			nche	E.	Sinc	leto	n		07 2	24 82	11:30m
	4 may b		SEX		- 4	RACE		5. DATE C		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS
				Female		Whi:	te	I INOM	23 1898	84	YRS	MONTHS DATS	HOURS MIN.
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	eath.	35	(Md.		U. S.	. A.	WIDOWE			nore	Wh	MD
	he fune within		10. CI	Y OR TOWN OF DEAT	тн Т	1. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCU		12b. KIND O	F BUSINESS OR
5	rs ofter by the filed wr	33		Balto.	1		HOPKINS		nital	Housewi		E) INDUSTRY	
2120			USUA	L RESIDENCE (IF NURSIN	IG HO ME OR C	THER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)			11-1-1		
9	hin 24 hour ity filled in should be f	35	130. 3	Md.	alto		130. CITY OR TOV	/N	13d. INSIDE CITY LIMITS?	4703 Gat		rrace	
YLA	thin 2 sho		4. FA	THER'S NAME					15. MOTHER'S MAIDEN N	IAME		11000	
AAR	completely s 1 and 2 s	30		Andrew	М	N.	LAST		Minnie	MIDD E.		Ditz	
m,	l con			AS DECEASED EVER I		NED FORCES?	16b SOCIAL SECT	JRITY NO.		8 Alcott M			
DIVISION OF VITAL RECORDS, 284 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e execution on decoration	2	(Y	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-46-9	278	Mrs. Dorothy			20817	
CH	e b	` `		18 CAUSE OF DEATH	L (Enter only	ane cause per			1				MATE INTERVAL ONSET AND DEATH
7	g physicio on papers removol.	3/		PART L DEATH WA	AS CAUSED	BY:	Charles	hulm	Ream Cina	vol		III:	BOOM
SZ	cert ding pribor or ret			1870	MMEDIATE	CAUSE (a)	Car. Lang	MAZIN		-000	EALIES!		7-7/6
354	tend tend on, c			Canditions, if any,	which	DUE TO, OF	R AS A CONSEQU	P	enad Coll	of the same	,		1 29
2 2	he deat			gove rise to imme cause (a), stating	ediote	(0)	,		1	4			
3	s that the death ce ed by the attendina lease remove carb riol, cremotion, or a			underlying couse		DUE TO, OF	AS ACONSEOU	HAMA	e Rual	Killen ,			
08				PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 110	2)
So.	red of the		Z										
000	w re been been brior		CERTIFICATION	190 DATE OF OPERATI	ION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. (F YES	, WERE FINDIN	IGS USED
(V) =		d	H			(F) (F)				YES TO NOT		YING CAUSES	OF DEATH?
\	IYSICIAN: The Lang physician. s certificate has Mental-transit per Mental Hygiene		CER	21a. ACCIDENT WAS UNDE		21b. TIME O		AM MEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
9	CIAN: J physical prifical ol-tron ol-tron of the Hy		AL.	OR CONTRIBUTING C		HOUR A.		AY YEAR	1000				
NO	DING PHYSICIA or offending p Affer this certi- se as the buriol- oith and Mento-		MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		21f. LOCATION STREET	C1711	OR TOWN	COUNTY	STATE
VISI	DING PHY or offendi Affer this e as the builth and A		2	WHILE AT WORK AT WORK	LE D	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC)	STREET	CIIT	, TOWN	000111	SIAIC
_	Pr. Afr			22a.1 certify that (1) (al) attended the	e deceased from.	7-	17 , 19 8	Z, to 7-	24	1987	tha (I) (we) lost
	TTEN pitol TOR for u			saw the deceased obove (1) we) (di	d alive on	7-24	19_	82,01	nd that in (ny) (aur) apinio	on death accurred an t	ne date and hou	r and from the	causes stated
	OR A DIRECTOR DIRECTOR DEPT.			226. SANATURE	QF (did not)	O O	A		DEGREE			22c. DATE	SIGNED
	HOSPITAL OR ATTENIING by the hospitol FUNERAL DIRECTOR: uld be detached for us with Stote Dept. of the CORTANI: If hem 21 is:			Willia	er.	1 Nov	eller	MID	ATTENDING PHYSICIAN		STAFF YSICIAN XI	7-	24-82
	SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	7		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	1		22e ADDRESS	Al .	-	1	
				Willia	m (1	Dog	EY		John	US HORK	ins t	INDI-	tal
	TO To show with		23a. B	URIAL, CREMATION, R	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATOR	23d. LOCAMON	.100	1031	, . ,
00	O CBP			Burial		7-27-5	-			CITY OR TOW	P	alto.	Md.
- 6	DHMH-16 30M 2/80		24 FU	NERAL DIRECTOR		5	5151 BAL	TO. IV	ATIL. 250. D	ATE REC'D. BY REGIST			2
	(VRA 15, 4)		-	Truman Sc	hunh	PA	PIKE	, #21	229 1	IL 27 1982	Chances	VanT	arthen
		- 1	-4 5	WILLIAM OC	111VLQ	· · · · ·	1150	, , , , ,					

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

8 1 1 3

1	1.	FOR - STATE REGISTRAR		DEPARTMENT	OF HEALTH AND	MENTAL HYG	REG. NO.	8 1	1 3
		CEASED NAME FIRST	RY E	Sig	SELber	8 gel	7-31-82	DAY YEAR	6 PM
		Male	Cau.		ATE OF BIRTH MONTH DAY 10 14	YEAR 05	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	MONTHS DAYS	HOURS MIN.
5		Md.	U.S	MA	RRIED NEVE	R MARRIED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH	TY MD.
4	C	DALTIMORE		Memorial	Hospita	ISTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Insurance Sa.	E) INDUSTRY	OF BUSINESS OR
5	13a :	AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN	TY 13t. 0	esidence before admission of the control of the con	13d. INSIDE YES X	CITY LIMITS?	13e STREET ADDRESS 2848 Guilford	d Ave.	
0	14. 67	ATHER'S NAME FIRST Melvin	Sisse	lberger	IS. MOTHE	r's MAIDEN NAMERST Floren	MIDDLE	Barry	ST
		NAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE NO		215-10-			ADDRESS	9005	.df .
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE (FAILURE 9 OF	THE B	LAODEN INAL DISEASE OR CONDITION GIV	SALAN GARTA	
7	CERTIFICATION	19a. Date of Operation		FOR WHICH OPER	100		20a AUTÓPSY? 20b. IF YES	, WERE FINDIN	NGS USED
-	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e. PLACE OF IN	MONTH DAY Y	19 211 LOCAT	IION	RED (ENTER NATURE OF INJURY IN ITEM 18, P CITY OR TOWN	ART I OR PART 2)	STATE
		22e.1 certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not)	July 3	£ 10 8L		ATTENDING	to July 31 death accurred an the date and have		
		PAPAEC I	2- PORTE	A, M.D	Uniz	PHYSICIAN [ESS OA Meri	norial Hospital	(5//82
	- 1	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	236. DATE 8-2-82		of CEMETERY OF		23d. LOCATION CITY OF TOWN Balto	COUNTY	STATE

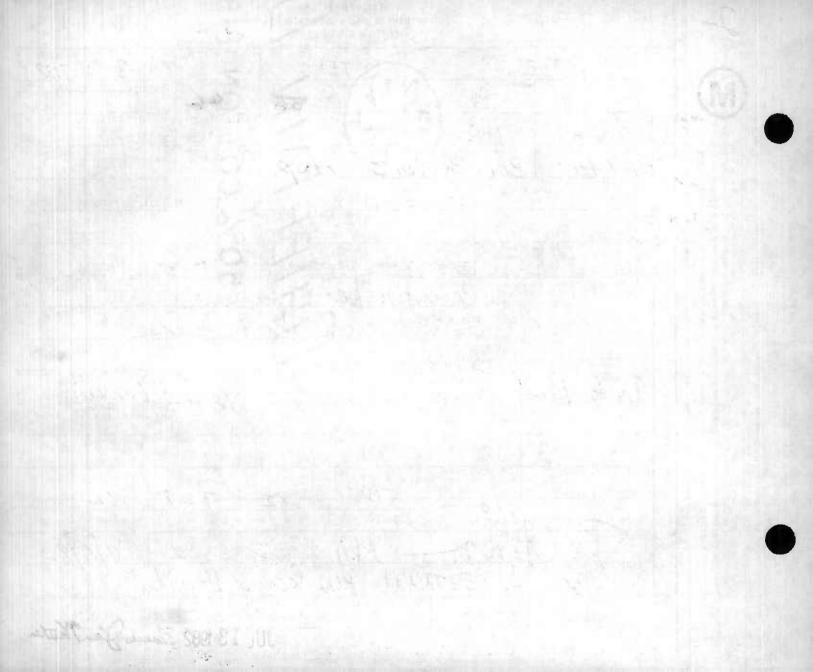
BP. DHMH- 16 50M 1/81 (VRA 1S, 4)

74 FUNERAL DIRECTOR
John C. Miller Inc. 6415 Belair Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
AUG - 3 1982 Januar Janthen

PHILY E. WELLER W. T. ELECT The state of the s THE RESERVE OF THE PARTY OF THE

1	1 - STATE REGISTRAR	DEPA	CERTIFICATE OF DE	ATH O 4	8 1 1 4
7 be	1. DECEASED NAME FIRST (TYPE OR PRINT) MYRTA	ZE MIDDLE	SKETER	2a. DATE OF DEATH	7 -08-82 7:38 M
e (M)	3. SEX	4. RACE B	5. DATE OF BIRTH	36 AGE (IN YEARS LAS	T BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS.
deoth Po	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED WEVER MA	DRCED Balti	YOR COUNTY OF DEATH MORE City MD
201 urs offer of filed with	BAL+0.	BON SEC	ours to	TUTION 120 USUAL OCCUP (TYPE OF WORK FOR MC	
W. PRESTON ST., BALTIMORE, MARYLAND 2120 the death certificate be executed within 24 hours by the attending physician and completely filled in by se remove carbon papers. Pages 1 and 2 should be fill cremation, or removal.	130. STATE 13h CC	E OR OTHER INSTITUTION GIVE RESIDENCE BY DUNTY 136. CITY OR THE Baltin	OWN 13d INSIDE CIT	vo □ 2510 F	ss rederick Avenue
complete	14 FATHER'S NAME FIRST SIRION 160 WAS DECEASED EVER IN U.S.		rd A	nnie Middl	Hunter
be exect on and c		ARMED FORCES? 166 SOCIAL S GIVE WAR OR DATES) 230–22	The state of the s		ederick Avenue
ST., BAL	PART I. DEATH WAS CAU	only one couse per line for (o), (b) ISED BY: IATE CAUSE (o)	The Hear	failine	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
death ce	Conditions, if ony, which	DUE TO, OR AS A CONSE	N'ESCLENOSi	Heart Aus	rease
that the by the ease remain of, cremo	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, ORAS A CONSE	OUENCE OF MA		
order signed and signed arto burit	PART 2 OTHER SIGNIFICAN	val faller	O DEATH BUT NOT RELATED TO	DANT AKCHI	andition given in part of,
TAL RECC The low icion te hos be sit permit giene pric	170 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORI	YES NO	
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires the contending physicion. Wher this certificate has been signed be as the buriol-transit permit. Then please the and Amental Hygiene prior to burial, orked or them 18 shown the injury, or a	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH NER) P.M.	DAY YEAR	JRY OCCURRED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1 ORPART 2]
DIVISION NG PHY offer this os the but thood M orked or	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM ETC.)	city o	R TOWN COUNTY STATE
ATTEND Spitol or CTOR: A for use 1. of Heol	tow the stranged olive	spital) emended he deceased from an	()	our) opinion death accurred on th	e date and hour and from the causes stated
TAL OR y the hor RAL DIRE detocher tote Deptate The Tate Deptate Depta	THE SENATURE DEL	Ann	DEGREE AT	TENDING MEDICAL S IYSICIAN DIRECTOR PHY	TAFF SICIAN 7
TO HOSPITA retoined by TO FUNERA should be de with the Stot MAPORTANT	22) PHYSICIAN'S NAME (TYP	A. BELTR	CAN BON	Econs Hon	pital
004BP	23a. BURIAL, CREMATION, REMOV		31. NAME OF CEMETERY OR CR Mt. Auburn Ceme	etery Balto	COUNTY
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR Wm - C - March F.	/H. TNC. 1101 F	North Ave.	250 DAYE REC'T 1 38 198	Chances Jan lather



STATE OF MARYLAND FOR
- STATE
REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				REG. N	10.		
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
	Mae Skipps			July 24,	1982	911.13	M
3 SEX	4 RACE	5. DATE OF BIRTH December 1	YEAR	6 AGE (IN YEARS LAST BI		FUNDER LYEAR	IF UNDER 24 HRS
** BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A	AARRIED X	Baltimore city of Baltimore			MD.
Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 3020 Louise	Ave.	ITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST Seamstress	OF WORKING LIF	12b. KIND O INDUSTRY Tailo	ring
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU!		N 13d. INSIDE C	ITY LIMITS?	3020 Loui	se Av	e.	
14 FATHER'S NAME FIRST Vincent	Skipps		FIRST Eliz	abeth MIDDLE		LAS	1
160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)			ADDR		150	
(YES NO OR UNKNOWN) (IF YES, GIV	218 01 3	665A Mrs. V	irginia	Mallonee	3018	Louise	Ave.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	ec tens	TO THE TERMIN	NAL DISEASE OR CON	20b. IF YES	, WERE FINDIN	GS USED
21a ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	Izir HOW IN	IURY OCCUPPE	YES NO Z	YE:		NO
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	19 211 LOCATIO		CITY OR TO		COUNTY	STATE
sow the deceased plive on	ortended the deceased from 19 8		, 19 777 (our) opinion di	eoth occurred on the d	ote and hou	ond from the	
Romal	a andy	MD A		MEDICAL STA	FF CIAN []	PATE -	26-82
220 PHYSICIAN'S NAME (TYPE OF	Dandorf	720 ADDRESS	52 +	Harford	Rd		
236. BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	7/27/82 PAGE 7/27/82	oly Redeemer	REMATORY Cem.	23d LOCATION Baltimor	, Md	2	The
24 FUNERAL DIRECTOR MITCHELL-WIEDEFF	ELD HOME, INC.	6500 York Ro	i. JULATE	2 8 1982 STR	hence	S SISNAT	JRE

DHMH - 16 50M 1/81 (VRA 1S, 4)

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygrene prior to burial, cremation,

TO FUNERAL DIRECTOR.

MPORTANT: If them 21 is morked or Item 18 sho

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Wish the Standing of Alalosty En Charlest, Mr. Mr. PLANT WITH I THE RILL AND THE PLANT 2 3 20 18 18 BRAIN SEADEM 123 N. POTCHAS SE. U.LADTO. BIE SALTO. BURNING HALL S A THEMPTON S VI-SICE LODING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) Slomba OF ESTI-Edward Joseph Sr. DEATH MATED VI R FILES. HOURS STREET, 82 19 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR LAST BIRTHDAY 2 PRONOUNCED Male DEAD 82 12:25 YRS 70 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Baltimore City WIDOWED DIVORCED HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Maintenance Baltimore 419 Gusrvan Street T. PAGES 1 AND 2 SHOULD DIVISION OF WITH RECORD 3a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Ltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE GIVE PAGES 1, TH FORMAPM LAST MIDDLE FIRST FIRST Louis Frances 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 166. SOCIAL SECURITY NO Slomba 419 Gusruan No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., JICAL EXAMINER ALONG W A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY WEAPON: Rifle Gunshot wound of head -- HAMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. HEALTH AND ME MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (0) CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E FORWARDED TO THE CTOR: PAGE 3 SHOULD BE USED CTOR: PAGE 3 SHOULD BE USED TO STATE DEPARTMENT OF H AL. YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL P.M. est 7/819 82 self inflicted wound CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STATE COUNTY AT WORK 419 Gusryan Street.Baltimore. AT WORK home Autopsy X (HO) Inspection 22a I certify that I took charge of the remains described above, held an Inquiry and in my apinion death resulted from Suicide! XX Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7/9/82 Assistant SIGNATURE EXAMINER'S NAME ADDRES 11 Penn Street, Baltimore, MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 24 FUNERAL DIRECTOR 250. DATO REC'D. BY REGI DHMH - 17 5. Zeiler & Son Inc. 6224 (VR A15 ME (5)) 20M 4/B2

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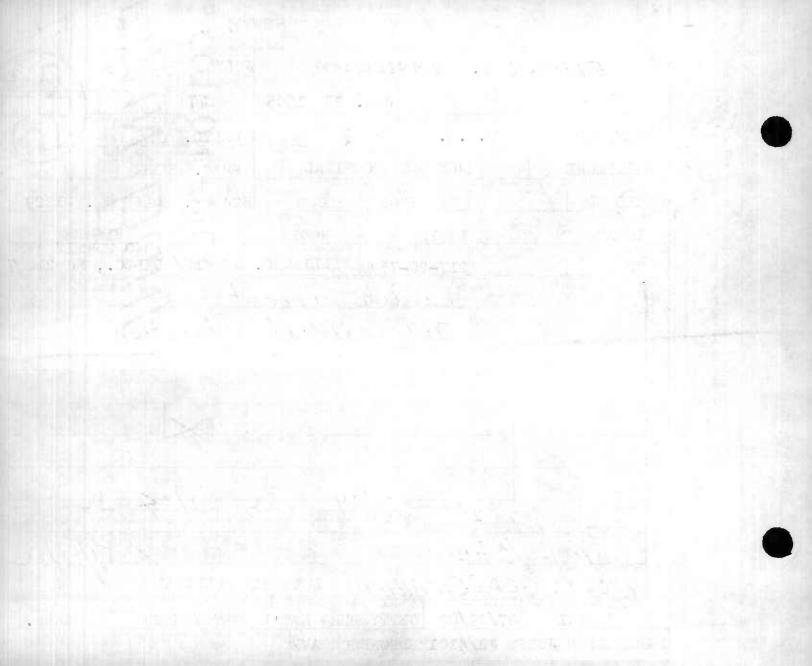
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the haspital or attending physician.

DHMH - 16 50M 1 (VRA 15, 4)

6	1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	18118
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) E LEANOR SMALLWOOD L. JULY 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR PEWAKE NEGRO Jan. 1905 DAYS HOURS 70-BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. MARYLAND WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) ERAN HOSPITAL BALTIMORE PRAC. NURSE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b COUNTY 824 MT. HOLLY ST. 21229 113c CITY OR TOWN 13d INSIDE CITY HAITS? MARYLAND BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE ISAAC FISHER LEWIS ROSIE ADDRES 2040 SHIWING medicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-20-7598 O. DENNIS BALTO. . Md NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED b IN CERTIFYING CAUSES OF DEATH? NO [Hyge 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION ö 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove the (did) (did not) view the body ofter deoth. 22h SIGNATURE DEGREE * ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S LUTHERAN HOSPITAL 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 07/29/82 GETTYSBURG GETTYSBURG NAT L PENNA. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 JONES JR/4101RESSEDMONDSON (VR A 15 (4))



ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21229

26 HOUR

NOF

STATE

1:05

IF UNDER 24 HPS

Singleton Funeral Home, Glen Burnie, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME TO THE CONTROL OF THE 2g. DATE OF DEATH SMITH 2b. HOUR Mae 5-4 00 INNA MITH 6 AGE (IN YEARS LAST BIRTHDAY) YRS 9 BALTIMORE CITY OR COUNTY OF DEATH BAUTIMARE 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR of work for most of working life) homemaker own home 13e STREET ADDRESS 7440 BOLTIMORE + ANDROLIS BLUD MIODLE COLP ADDRESS Newport News, Mr. J. Bruce Smith (son) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3001

23c. NAME OF CEMETERY OR CREMATORY

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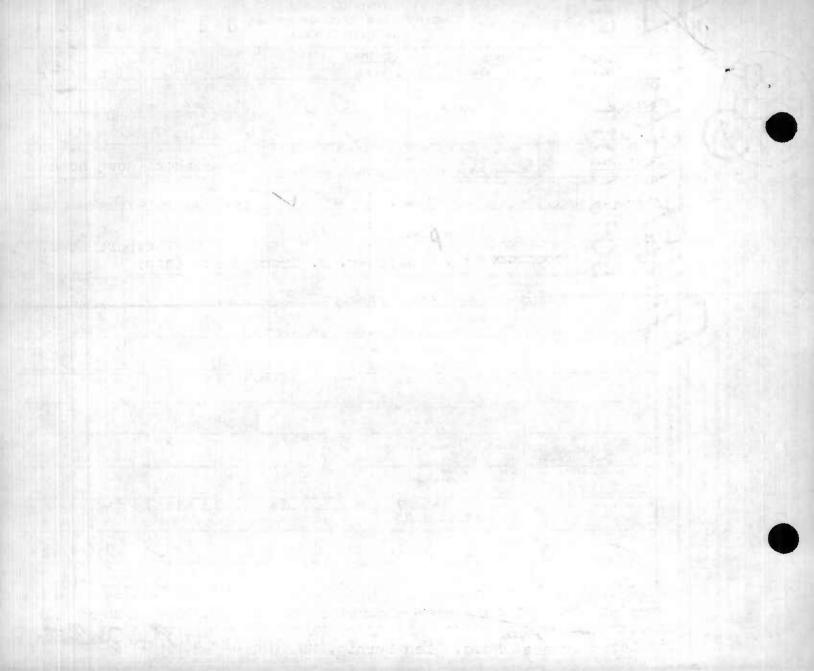
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR



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DHMH - 16 50M 1/81 (VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

CERTIFICATE OF DEATH

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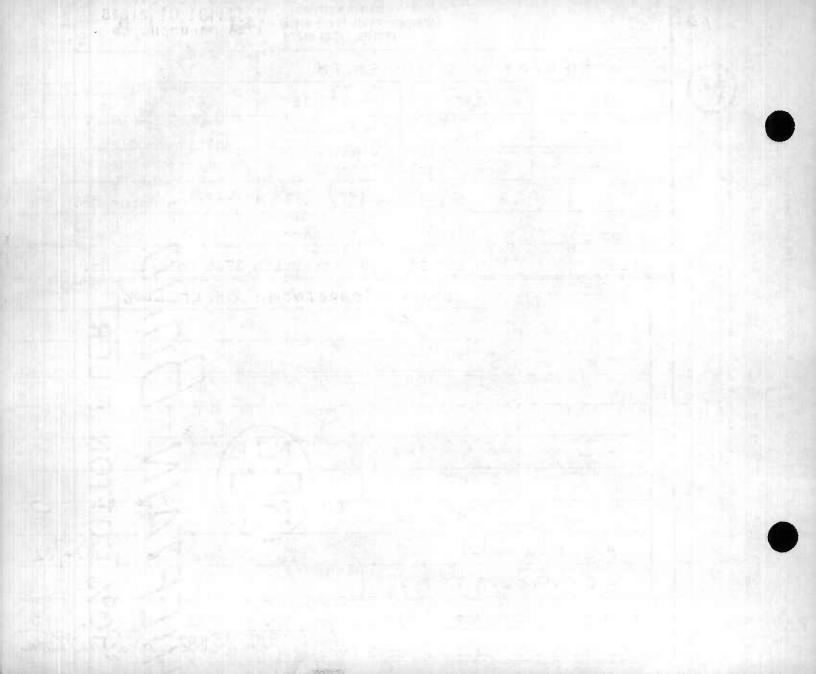
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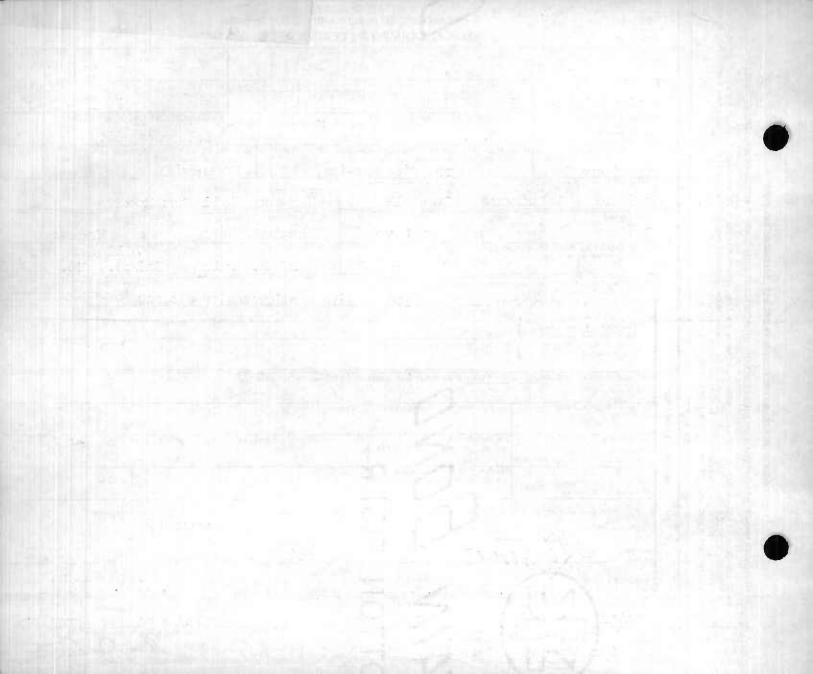
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) EDNA SMITH 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAY YEAR Female BLACK 30 04 A BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED .A.Co., Md WIDOWED | DIVORCED X BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Balto 422 E. Lanvale Street YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Wm. Henry Hill Annie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 213-54-1868 NO Josephine Hill 422 E. Lanve St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY oulmonary arrest weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an JULY 2 19. 8 2, and that in (my) (cor) opinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED Hoods, m.D ATTENDING PHYSICIAN DIRECTOR PHYSICIAN WOODS Johns Hopkins Hospital Baltimore hood At 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE 7/7/82 BURIAL EASTVIEW BALTO MD. 24 FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 WM. C.MARCH F/H 1101 E. NORTHONAVE. (VRA 15, 4)

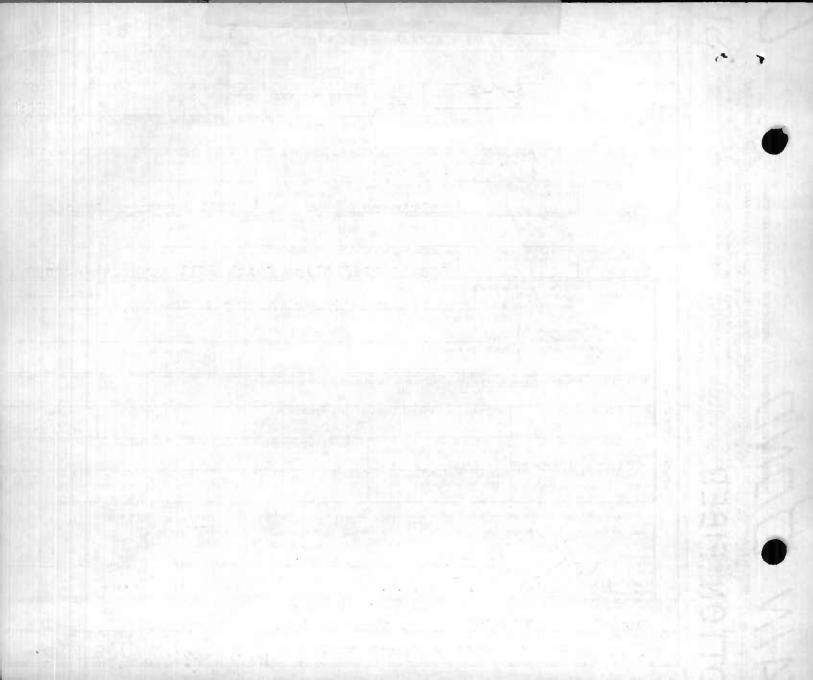
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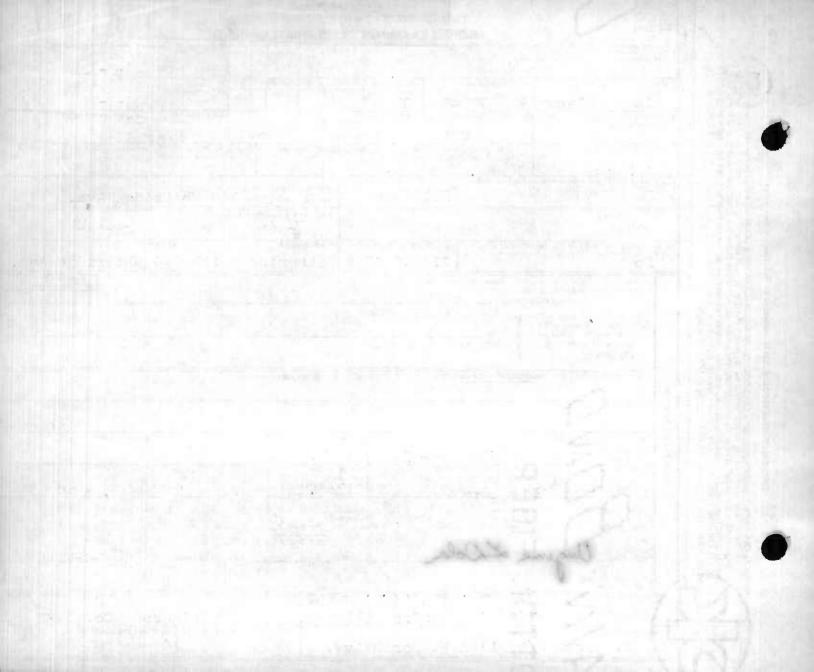


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T., BALTIMORE, ME DURS AFTER DEATH. 18. GIVE PAGES 1, 5. WITH FORM PM. 6. MITH. PAGES 1 AND 2. E. DIVISION OF VITA	160. WAS DECEA	SED EVER IN U.S. AR.			IAL SECURIT		17. INFORM	TANT			DDRESS		_	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, REDE TO THE CHIEF MEDICAL EXAMINER ALLONG WITH FORM PM. 3. RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2.8. F. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL. OF PRICE TO BURIAL, CREMATION, OR REMOVAL.	gave cause lying	fions, il any, which rise to immediate (a) stating the <u>undercouse last</u> .	(b)	AS A CON	ISEQUENCE (OF OF				isease				
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		RE RE R'S NAME	ge of the remains des	Accident	, Su	Autops	Hamic TITLE (SI	istan	Undete	Inquiry X	DAT SIGI	E 7	/16/8 1201	32
AB EXEC		MATION, REMOVAL		23c. 1	NAME OF CEA	AETERY OR			CITY	CATION DR TOWN		YIMUC	st MI	TATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE + STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME OF ESTI-MONTH 76 HOUR (TYPE OR PRINT) I FROY 7-3-82 19 0:45 P M 4. RACE AGE (IN YEARS IF UNDER 24 HRS DATE MONTH YEAR DAY LAST BIRTHDAY PRONOUNCED Male Black 38 DEAD 7-3-82 19 9 3 43 YRS BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA DIVORCED WIDOWED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore afavette 340 Whitridge Ave. 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? NO [DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elisha Smith Dorothy Carter IVE PAGE 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) 214-40-8769 Katherine Smith 340 Whitridge Ave. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF HE JRIAL, YES X X NO 3 SHOULE DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUSE MONTH DAY YEAR 7-3-82 19 UNDERLYING & &R MEDICAL 7-3-82 19 CONTRIBUTING CAUSE OF DEATH subject shot 21f. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS GE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALIMAORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. 1 WHILE AT WORK AT WORK Wolf& Lafayette Baltimore, Maryland street 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Accident Hamicide XX death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY SIGNED-4-82 _MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 7/8/82 Burial Cedar Hill Cem. Baltimore Co. MD 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR JAN REGISTRAR'S SIGNATURE **DHMH - 17** C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 20M 4/82

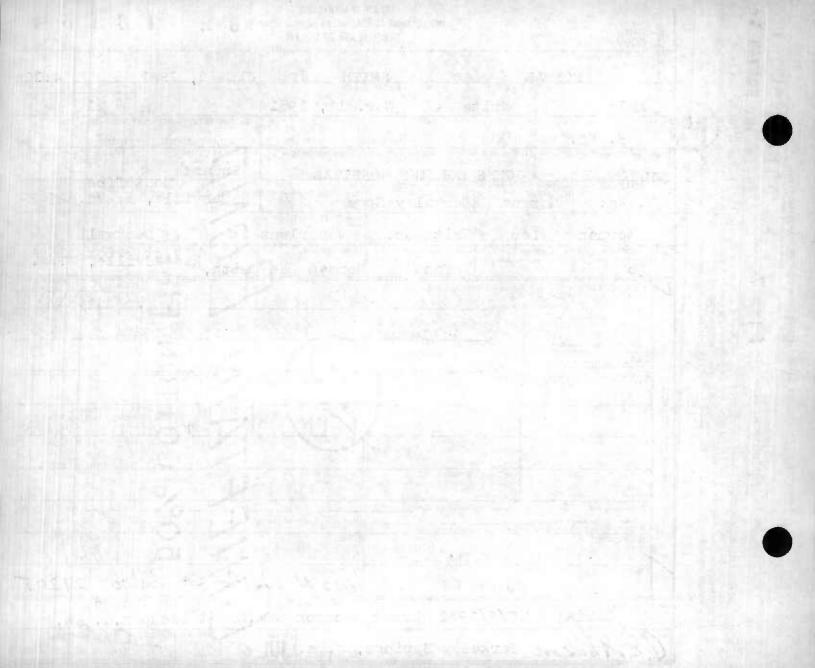


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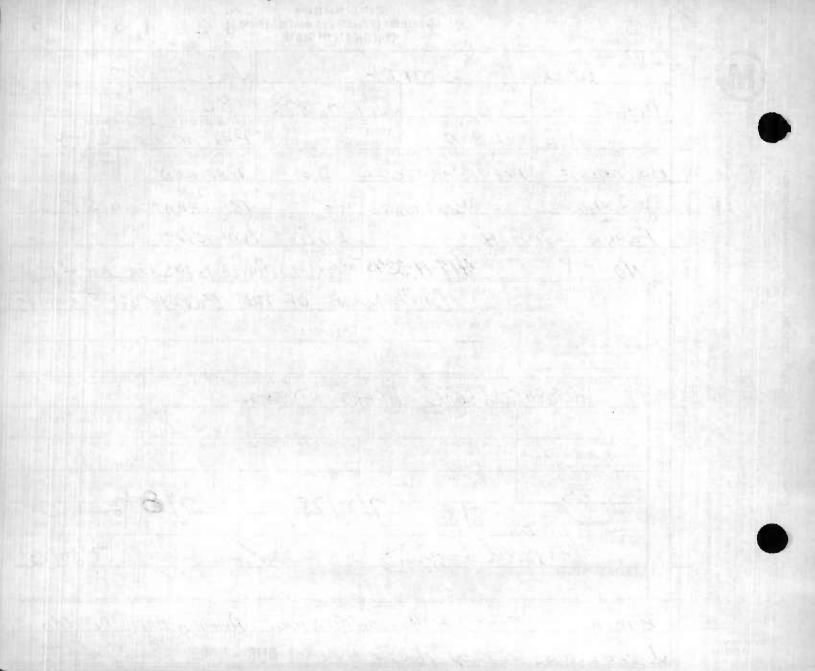
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should be with the St.		22d PHYSICIAN'S NAME (TYPE O	Hummell	600 N. U	Wolfer St. Balto	21205
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DIVISION OF VITAL RECORDS, 261 W. PRESTON ST., BALTIMORE, MARYLAND 21201



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	3. SE	X	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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1 1 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR
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TTEN Pitol for up		sow the deceased alive or		on death occurred on the date and hour and from the causes stated
OR ATTEN or hospitol DIRECTOR: oched for us Dept of He		17h SIGNATURE	DEGREE	22c. DAJE SIGNED
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TO H Shoul	12.	BURIAL, CREMATION, REMOVA	236 NAME OF CEMETERY OR CREMATORS	y 23d LOCATION
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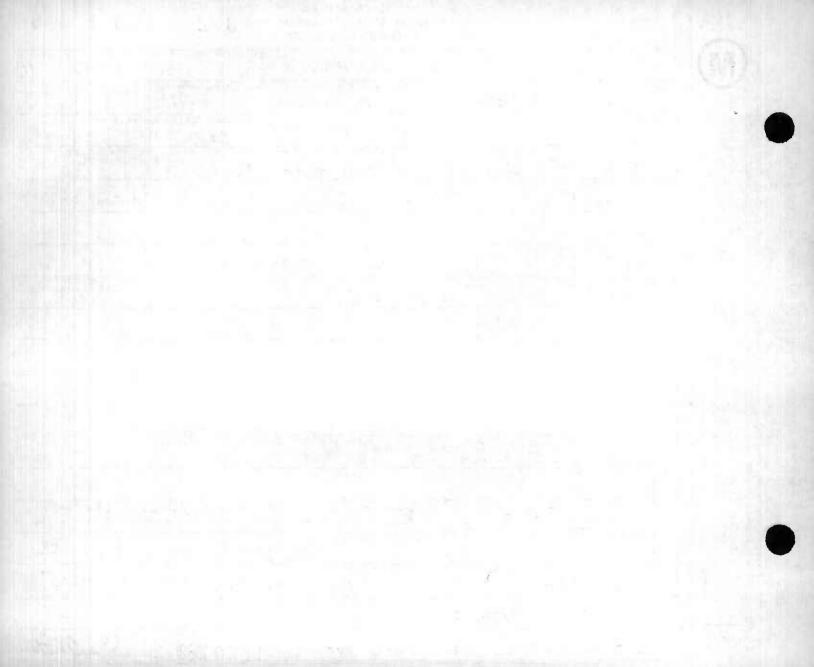
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR KNOWN X DECEASED NAME Za. DATE MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Cleanthes Soleds 25 10 82 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 3 SEX DATE 2:10A PRONOUNCED 2/18/1901 25 1982 Male White Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Cuprus WIDOWED M Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)

Cook-Self Employed Baltimore Sinai Hospital STIMIL VILL BUILD BUILD BELL 3400 Milford Ave. 130 STATE 136 COUNTY 13c. CITY OR TOWN Baltimore Mary Land 21207 YES DO NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME ALIDDIE MIDDLE Philippou Agathi Procopios Michal. B. GIVE PAGE WITH FORM IT. PAGES DIVISION OF 17 INFORMANT Baltimore ADDRESS Maryland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Yes 220-05-5861 Gary Soleas 4310 Highview Ave. 21229 WW 7 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple gunshot wounds A IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 25 19 82 Subject shot 711 LOCATION 21e PLACE OF INJURY JATHOME AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 3400 Milford Ave. Balto home Md TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 270. I certify that I took charge of the remains described above, held on Homicide X deoth resulted from: Undetermined monner Accident TITLE (SPECIFY) M. Deputy ChiefMEDICAL EXAMINER EXAMINER'S NAM ADDRESS III Penn St. Balto., MD. Thomas D. Smith, M.D. (TYPE OR PRINT 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Woodlawn Woodlawn Cemetery Burial 7/28/82 750. DATE REC'D. BY REGISTRAR 74 FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown, Md. Loring Byers Funeral Directors, Inc. VR A15 ME (5))

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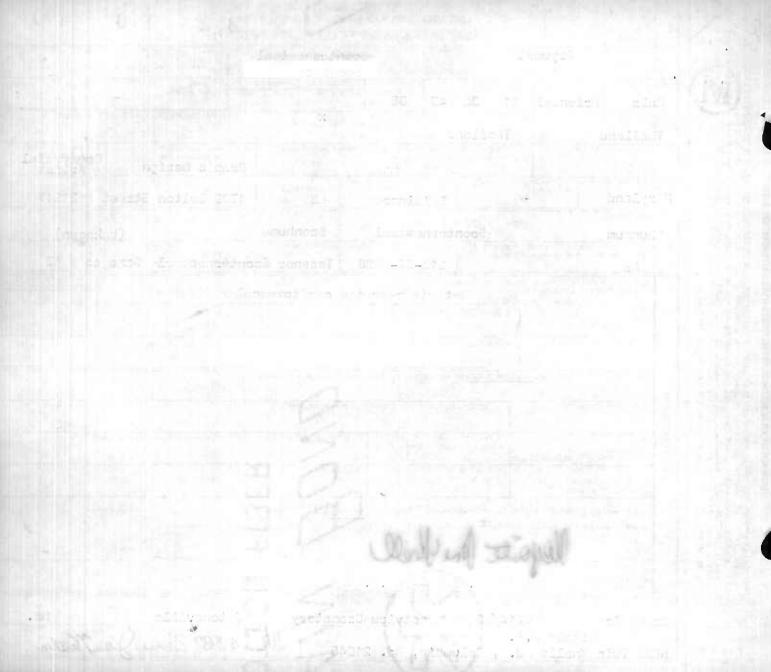
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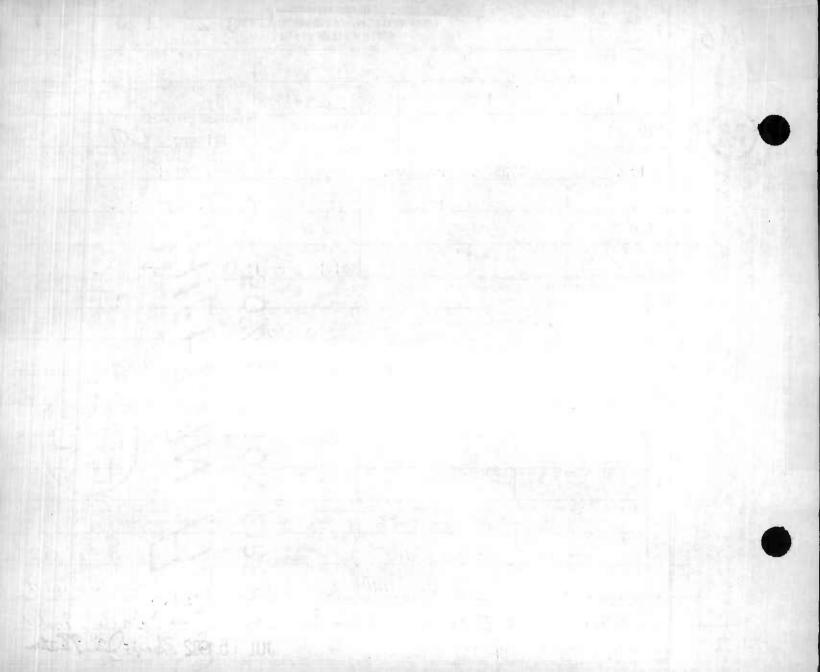


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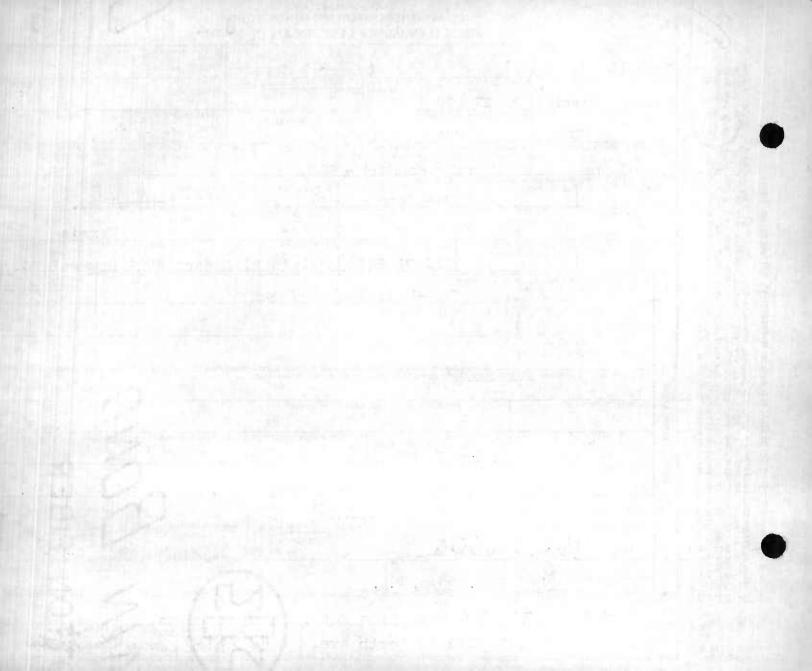
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+	1. DE	REGISTRAR CEASED NAME A FIRST		EXAMINER'S	ntornoctoo	PE DEATH REG. NO. 2R. DATE KNOWNXX MONOR ESTI-	NTH DAY YEAR 26 HOUR				
		ale Oriental	5. DATE OF BIRTH MONTH DAY 11 30 43	38 YRS.	NDER 1 YR.] IF UNDER	DEATH MATED 24 HRS. 20 DATE MON PRONOUNCED DEAD	7 11 1982 12:35				
	FC	RTHPLACE (STATE OR REIGN COUNTRY) hailand	Thailand	MARI WIDO	RIED TO NEVER MARR	6 1 1 1					
PAGE PAGE S. 201 W.	IB C	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: 1708 Bolto	IRSING HOME, OR OT STREET ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) Grapic Design	Commercial Artist				
ANY DE ANY DE ANY DE ANY DE ANY DE ANN 3 TETAIN GOULD E RECORD	130, S Ma	AL RESIDENCE (IF IN NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CIT	e before admission) Y OR TOWN L'timore	13d. INSIDE CITY LIMITS?	1708 Bolton Stre					
DRE, MD.: DEATH. IF GES 1, 2, MPM 3, MPM 3, MPM 3, DEATHLIE	1	ATHER'S NAME FIRST		renratool	15 MOTHER'S MAIDE FIRST Boonhume	MIDDLE	Unknown)				
F., BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS B. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM 3. RETAIN PAGE IT. PAGES 1 AND 2 SHOULD BE FILED , DIVISION OF WITH RECORDS, 201	16e. V	VAS DECEASED EVER IN U.S. AR	WAR OR DATES)	3-84-0228	Tasanee -6	ontornsaratool -	e as # 13				
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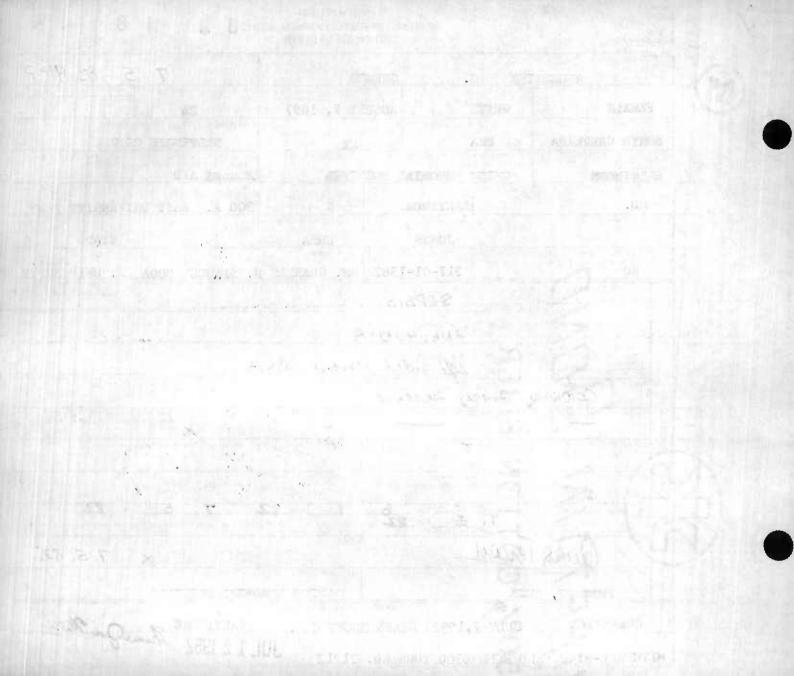
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	reprinted by physician bon popers.		18 CAUSE OF DEATH PART I. DEATH WA	LEnter only on SCAUSED E	SY	line for (a), (b), and	CP51	5				APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH
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VITA	IYSICIAN: The ding physicio physicio is certificate h burial-transit I Mentol Hygiei vi Item 18 sho	_	21a. ACCIDENT WAS UNDE		21b. TIME OF		AY YEAR	21c. HOW INJURY OC		- 4	1	T OR PART 2)	
Ö	PHYSICIAN: ending physi this certificat te burial-tran ad Mental Hy,	MEDICAL	(IF EITHER, NOTIFY MEDICAL	LEXAMINER)	P./	м.	19						
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ā	ENDIN Fol or of Truse of Health		22a.l certify that ()		ottended the	deceased from_	ful	19_8	7	. 7/	13 19		that (I) (we) lost
	CTOR CTOR I for a	- 13	saw the deceased above, (1) (we) (di	d alive an d) (did not) v	iew the body	ofter death.	82.01	nd that in (my) (our) opin	nion death	occurred on the do	ite and hour o	and from the c	ouses stated
	AL OR A the ho AL DIRE letached ate Dept T. If Herr		22b. SIGNATURE	Jun 1	data	idees v	UD	DEGREE ATTENDIN PHYSICIA	IG ME	DICAL STAF		22c. DATE 5	1482
	retoined by the TO FUNERAL (Should be deta with the State [MADORTANT; If		22d PHYSICIAN'S HA	NE LTYPE OR PR	INT)	Deter	es MD	22e ADDRESS	PTI	B1(1)	BALT	1 11 2	1224
	Short of Short	23a. E	URIAL, CREMATION, R	REMOVAL	23b. DATE		JAME OF C	EMETERY OR CREMATO	ORY 23	d. LOCATION SILY OR TOWN	420	CHARTY	STATE
1506	BP	24.5	Burial		6/17/	82 4	rbu		128.		130	lte.	md
DH	MH - 16 50M 1/76 (VR A 15 (4))	24 P.	NAME ROY O. DYET	T 4600	LIRED	ADDRESS TY HGTS	AVE	250.	JUI 1	5 1982	PANCES	Jan	Keithen
			OL O. DIEL	1 4000	LIDER	11 11010.	/14						



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO KNOWN XX I. DECEASED NAME 2a. DATE MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED MARIE SPARROW 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE MONTH 7-13-82 YEAR LAST BIRTHDAY) PRONOUNCED 2:06F DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE CITIZEN OF MARRIED X NEVER MARRIED FOREIGN COUNTRY P 1ax4 20 DIVORCED WIDOWED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY OR MOST OF WORKING LIFE) OMES+1 210 N. Mount Street Baltimore 3a. STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Mary anel n. Mount NO [0 TIMGYP 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MADDLE FIRST West ENLA nomas DENCE 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -12-8638 ham -210 N Mount Mary APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastatic carcinoma IMMEDIATE CAUSE (o)_ HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ICATE, WRITING THE WOLLE F FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE US TOR: PAGE 1 SHOULD BE US TOR: PAGE 1 SHOULD BE US NOUX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WR
PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes Homicide Undetermined manner TITLE (SPECIFY) 7-14-82 Assistant SIGNATURE EXAMINER'S NAME Penn Street (TYPE OR PRINT) Margarita A. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION COUNTY Mel. BUYLL Eternal Haral 256. Date RECO. BY REGISTRAR 191982 **EUNERAL DIRECTOR DHMH - 17** (VR A15 ME (5)) 20M 4/B2



		FOR		DEDAR		E OF MARYLAND	()	1 1	0 1	4 4
	1-	STATE REGISTRAR		DEPAK		IEALTH AND MENTAL HY		1	3 1	
			FIRST	MIDDLE		AST	REG. NO.	ONTH DA	Y YEAR	2b HOUR
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	3 SEX		4 RACE	0.	5. DATE (6 AGE (IN YEARS LAST BIRTHO		UNDER I YEAR	IF UNDER 241
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~	70 BI	RTHPLACE (STATE OR FORE	EIGN 76 CITIZEN C	F WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	-	OF DEATH	
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4	BZ	TY OR TOWN OF DEATH	UNIC	ON MEMORIA	ET ADDRESS) AL HOS	PITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W NURSES AID		126 KIND O INDUSTRY	F BUSINESS
5	13a S	L RESIDENCE (IF NURSING TATE 131 MD.	HOME OR OTHER INSTITUTE	130. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES A NO	130 STREET ADDRESS 300 A. EAS	L UNI.	VERSIT	Y PKWY
	4 FA	THER'S NAME	MIDDLE	tast		15. MOTHER'S MAIDEN NA			LAS!	
				JONES		EMMA	WIDDLE		STAUB	
1			U.S. ARMED FORCES		URITY NO.	17 INFORMANT	ADDRESS			PKWY.
		NO		217-01	-1582	MR. CHARLES	N. SPENCE 30	OOA I		VERSIT
П		18 CAUSE OF DEATH IE	Enter only one couse p						BETWEEN C	MATE INTERVA
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	TIE						YES NO	YES	NG CAUSES	NO [
er 1		210. ACCIDENT WAS UNDERLY		OF INJURY A.M. MONTH [DAY YEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	HITEM 18 PART	T 1 OR PART 2)	
	CAL	OR CONTRIBUTING CAUS	SE OF DEATH	P.M.	19					
	MEDICAL	216 INJURY OCCURRED		E OF INJURY STREET FACTORY, OFFICE	, FARM ETC)	218 LOCATION STREET	CITY OR TOWN		COUNTY	STATI
- [-	AT WORK AT WORK								
4		220 I certify that (I) (the	4	-		, 19		, 19	821	that (I) (we)
			(did not view the box	dy after death.		nd that in (my) (our) opinion	death occurred on the date	and hour a		
		226. SIGNATURA	es ferrer	1_		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAL	NIX	7. 5	, 82.
		22d PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS	J OWEGON CO. T. MOREIN			
		FERRARI	ANNA			UNION MEM	ORIAL HOSPIT	AL		
7		URIAL, CREMATION, REA	MOVAL 236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		CREMATION	JULY	7,1982	GREEN I	MOUNT_CEM.	BALTIMORE		COUNTY	ADTO STATE
2	24 FL	NERAL DIRECTOR		ADDRESS		25a DA	L 1 2 1982 AR 29	June	SIGNATU	JRE
	MI	TCHELL-WIED	EFELD HOME		RK RD.	21212	L T 7 1307			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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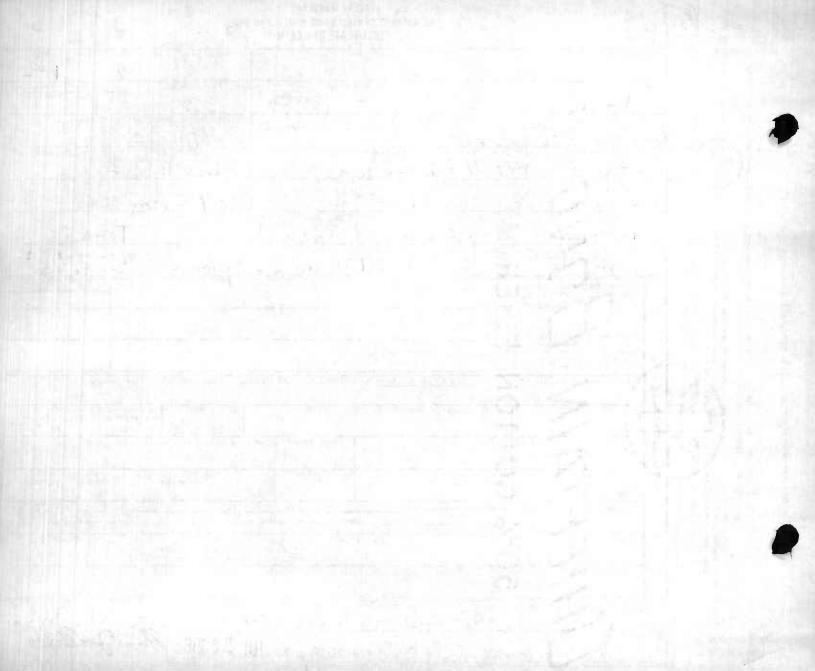
1		REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0			
1		CEASED NAME FIRST	-	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
	{ TYPE	OR PRINT)	CHARLES	R.	SPICE	0			~	27 - 82		
-	3. SE2		4 RACE	/(*	5. DATE C			6 AGE (IN YEARS LAST BI	-	IF UNDER LYEAR	J. JUAM	
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2		Kentucku	U.S.	A.	WIDOWE		ORCED T	BALTIM	ORE C	CITY	MD.	
111	10. CI	TY OR TOWN OF DEATH			IRSING HOME C			120 USUAL OCCUPAT			OF BUSINESS OR	
4		BALTIMORE	(IF NOT IN SUC	ON MEM	ORIAL HO	משדקטר.		Retired				
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4		Maryland		Dan	umore	YES 🔼	NO [1 //	side	Drive		
2	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S	MAIDEN NA	WE		1.45	S.T	
90		Jaspen		Spi	cer	N	ancy			Hayes		
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'			1	1 1	-))		-7	7,7			MATE INTERVAL ONSET AND DEATH	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:				MHARK	vomA		BETWEEN	DUSET AND DEATH	
		PARTI DEATH WAS CAUSED BY: PANCRED TIC CINCERS MA MMEDIATE CAUSE (0) PANCRED TIC CINCERS MA										
		10/7	DUE TO, OF	R AS A CONSI	EQUENCE OF							
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		gove rise to immediate Couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
- 1		underlying couse lost.	((6)									
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0	ATI	190. DATE OF OPERATION	196 CONDI	TION FOR WE	HICH OPERATIO	N WAS PERFO	RMED	20s AUTOPSY?	20b. IF Y	ES, WERE FINDIN	VGS USED	
/	FIC									TIFYING CAUSES		
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9		OR CONTRIBUTING CAUSE OF DE	1100110 1		DAY YEAR	211.11011111	JONI OCCURI	KED TENTER NATURE OF INJE	IKY IN ITEM 18	B PART OR PART 2)		
7	CA	(IF EITHER NOTIFY MEDICAL EXAMINE			19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OF	FICE FARM FTC)	211 LOCATIO	N	CITY OR TO	NWO	COUNTY	STATE	
	<	AT WORK NOT WHILE AT WORK	,		3.20			,				
Į		22a.1 certify that (I) (this hosp	ital) attended the	degenged fr	om	17/8	19	10_7/2	2/8	7	that (I) (we) lost	
		sow the deceased able or above, (I) (we) (and rid)	411	484	or	nd that in (my)	(our) opinion	deoth occurred on the c	ote and he	our and from the	couses stated	
		THE SIGNATURE	The the Book	orger deathy	7 7 7 1	DEGREE				22¢ DATE	SIGNED	
		W. St.	6/ /=	1./.	AM C	A A	TTENDING _	MEDICAL STA	FF	12	20 / 2	
1 2		274 PHYSICIAN'S NAME : 1196	7/0	refer	1000	1220 ADDRES	HYSICIAN [DIRECTOR PHYSI	CIAN	1/-	17-02	
		0 = 1				1				34		
		WHIRK	18U	KKES	5,mb	u	YFON	MEMOR	3nc	10081	PITAL	
	23a B	BURIAL, CREMATION, REMOVAL	236 DATE		23c. NAME OF C	EMETERY OR C	REMATORY	234 LOCATION				
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	1	Mc Cully Funera	1 Homa	man ADDR	ESS	- 1	01,1	111 26 1982	Cours	cao lan	1 Bellowing	
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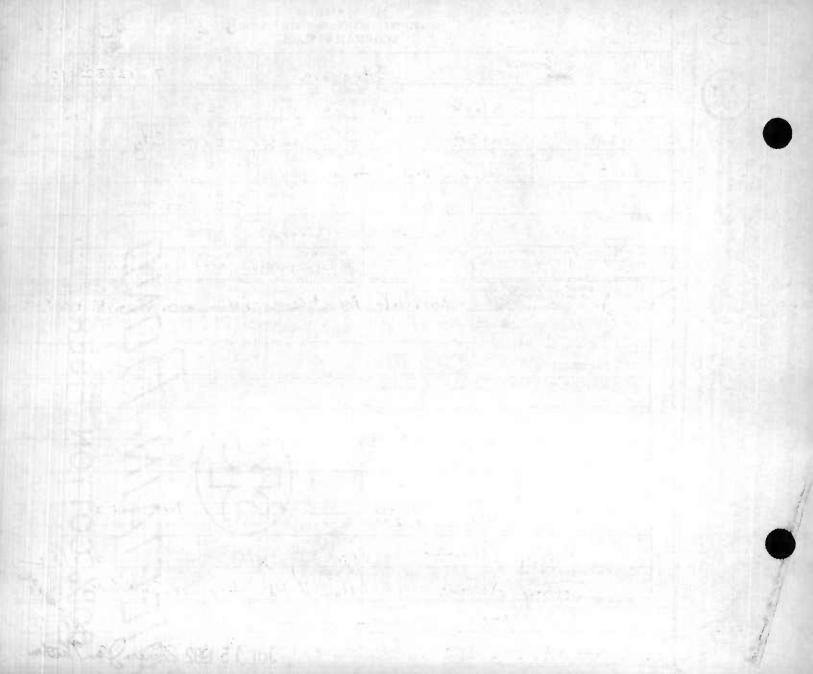
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/~		REGISTRAR	CER	TIFICATE OF DEATH	REG. NO	0.
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oge 4		MAle	D	5 - 18- 99	83	YRS. MONTHS DAYS HOURS MIN
I if is	C	TOSTILLO CO		RIED NEVER MARRIED	DIL	R COUNTY OF DEATH MD.
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8	usuz	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS			Aborest
AND 2	M	ANY AND 136 COUNTY	BATIMOVE	YES NO [4/04 TAIL	ear Road
MARYLAND 2120 red within 24-bburs nord 2 should an it	14 FA	THER'S NAME	SPICEY	15. MOTHER'S MAIDEN NAM	WIDDLE	Travers
3 3 - 4		AS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECURITY N	D. 17 INFORMANT	ADDRE	
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BAI hysici pape oval.		18. CAUSE OF DEATH (Enter only of PART 1, DEATH WAS CAUSED B	one cause per line far (a), (b), and (c).) Y:	a las cal	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. PRE by the o ser remot	3	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	F		
S, 301	z	PART 2. OTHER SIGNIFICANT COM	MOITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 1101
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9 5 5 5 5 C	IFIC	THE DATE OF OPERATION	THE CONDITION FOR WHICH OFERA	TION WAS PERFORMED	- Cons	IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The other this certificate is at the buriel-transit ph and Mental Hygier asked or them 18 show	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR		YES NO T
OF CHANGE	173	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YE	AR 9		
NO SYNG	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211. LOCATION	CITY OR TOW	'N COUNTY STATE
NO NO STORY	3	AT WORK NOT WHILE AT WORK	(ATTIONE, STREET, FACTORT, OFFICE, FARM, ETC		CIII OX 10 X	STATE
No a south		220.1 certify that (1) (this haspital)	- C. C. C. C.	5 20 , 19 82	, to	7 19 57 , that (i) (we) last
A STORE OF THE STO		saw the decrased alive an_ abave, (I) (we) (did) (did nat) v			eath accurred an the do	ite and haur and fram the causes stated
S A S O S O S		22b. SIGNATURE	X	DEGREE ATTENDING	MEDICAL STAF	F. DATE SIGNED
HOSPITAL med by 17 FUNERAL of the State ORTANIT		22d. PHYSIC IAN'S NAME (TYPE OR PRI	INTI	PHYSICIAN 22e ADDRESS2 A 1	DIRECTOR PHYSIC	IANO Z
7 5 - 5 4		World Sto		Boltim	me City	topital
21 2413+	73a. 8	IRIAL, CREMATION, REMOVAL	P 01/ 0 1 1	F CEMETERY OR CREMATORY	23d. LOCATION	ner couper vinage
1507		IAINUC	1-84-83171NU	3 KnAd Cemeta	VY DAYCHE	12 Kg 100 Md.
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3	1 - STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	REG. NO.	1 8	i	47
1	I DECEASED NAME (TYPE OR PRINT) 3. SEX	FIRSGEN		NIDDLE	ST DATE C	aggers	20 DATE OF		7 12	82	10 25 M
100	Female 70. BIRTHPLACE (STATE	E OR FOREIGN 7		ck VHAT COUNTRY?	NOM 10	09 25		-	YRS.	IHS DATS	HOURS MIN.
2 1/	COUNTRY) USA		us	A	WIDOWE		B	elt.	City		MD.
38	Balt		(IF NOT IN SUCH	FACILITY GIVE STREET A	DORESS)	OTHER INSTITUTION	120 USUAL C	FOR MOST OF W	VORKING (IFE)	126. KIND OF INDUSTRY	BUSINESS OR
35	USUAL RESIDENCE (IF 13a STATE MD	136. COUNT	THER INSTITUTION	GIVE RESULENCE BEFORE A 13c. CITY OR TOWN Baltimor	1	136 INSIDE CITY LIMITS YES 🛣 NO 🗌	1718		Avenu	ie	
3	14. FATHER'S NAME FIRST Henry	MI	IDO1E	Coard		15 MOTHER'S MAIDEN Lillie		MIDDLE		IAST	
medi	160 WAS DECEASED E (YES, NO OR UNKNOWN NO		ED FORCES? WAR OR DATES	166 SOCIAL SECUR	RITY NO.	Carrie Jer	kins 35	ADDRESS 10 Hol	mes Av	renue	
, cremation, or removal: other froumotic event, the	Conditions, if	IMMEDIATE only, which immediate	DUE TO, OR	AS A CONSEQUER	take NCE OF	Breast Care	inoma				ATE INTERVAL USET AND BEATH ONTHS
to buriol, njury, or c	PART 2. OTHER	SIGNIFICANT CO	DNDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDIT	TION GIVEN	IN PART 110	
shows ony	190 DATE OF OP	ERATION	196 CONDIT	ION FOR WHICH (OPERATION .	N WAS PERFORMED	200 AUTO	PSY?	N CERTIFYIN	ERE FINDING G CAUSES C	GS USED OF DEATH?
lem 18	OR CONTRIBUTING	CAUSE OF DEATH	P.A	A. MONTH DA' A.	Y YEAR	21c. HOW INJURY OCC	CURRED (ENTERNAT	URE OF INJURY H	NITEM 18 PART I	OR PART 7)	
orked or	AT WORK	T WHILE WORK		ET, FACTORY OFFICE, FA		211 LOCATION STREET	R.T	CITY OR TOWN		COUNTY	STATE
n 21 is m	sow the decobove, (I) (w	t (I) (this hospito eosed olive on e) (did) (did not)	7/12	19		d that in (my) (our) opin	ion death occurred	on the dote			ot (I) (we) lost buses stated
NT: # He	226. SIGNATURE	Jeffre	y as	rom		ATTENDING PHYSICIAN		STAFF PHYSICIAI	и	7/12	GNED / SZ
with the Stote [226. PHYSICIAN	Jeffrer	Abi	rams		Unry. of M	d. Hosp	22.	South	Greenc	, Balt.
	23a BURIAL, CREMATI ISPECIEY) Buri	al	7/17/82			emetery or cremator	CITYO	stree	co	DUNTY	'SC
W I/BI	Wm. C. Max		Inc.	1101 E. N	Orth		JUL 15 1	GISTRAR 256	REGISTRA	SSIGNATU	Kuthen



Wm. A. Fialkowski 2007 Eastern Ave. 21231

- STATE

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

67

REG NO

75 HOUR

July 6, 1982

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

12b. KIND OF BUSINESS OR

12a USUAL OCCUPATION ABORER

45 S. Kresson Street 21223

Ella Stahle 45 S. Kresson St. 21224

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated 22c. DIATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 236 NAME OF CEMETERY OR CREMATORY (SPEC Burial 7/9/82 Holy Redeemer Cem. Baltimore, Maryland

DHMH - 16 50M 1/81 (VRA 15. 4)

24 FUNERAL DIRECTOR

Total in the state of the state the call the second MINE TO THE PARTY OF THE PARTY yes the memory of the strong of the court of

District of the common plant at NeVV defend

Cully Funeral Home, 237 E. Patapsco Ave. Balto.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 26 HOUR IF UNDER TYEAR BALTIMORE CITY OR COUNTY OF DEATH lomemaker chart Joseph G. Knight, Same #13 3weeks

IN CERTIFYING CAUSES OF DEATH? NO F

COUNTY STATE

22c. DATE SJGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

REGISTRAR

- STATE

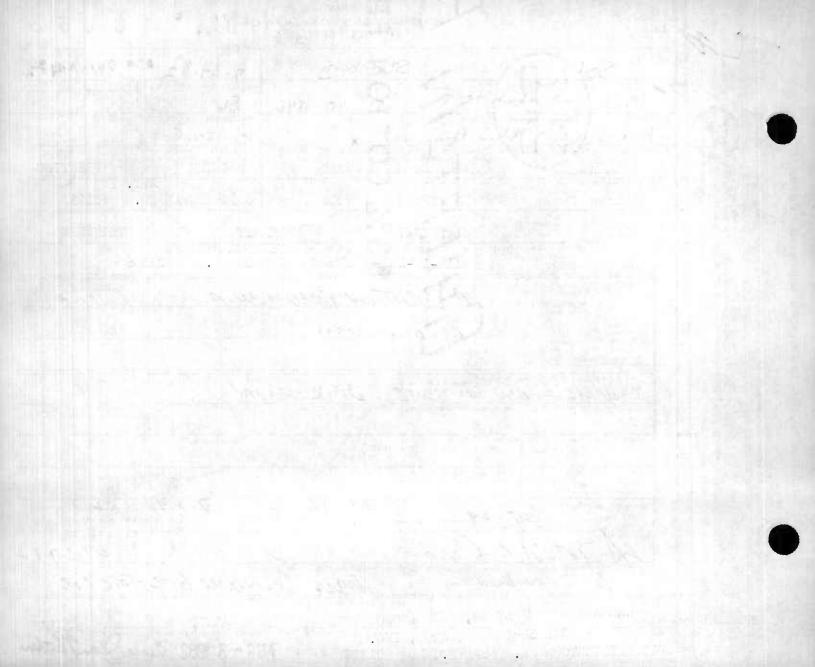
Wellie Rule Stelling Ing to William With the State of Latterna Carte Solla Governor Horse 1 25 Land Homeley 10 But on Cating one and a second displayed to the sec Section - HELYMAN MON - - Dales War and Street The County of t The same was a series of the s The second of th Marketon a least the Company of the Landing District met his my home diending Calorie week Alex Donna Door Standard & Miles mentioned in the first property of the first interest and To all I moved the second with the second se

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) JASPER 10 82 31 STANDRIDGE DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 26. HOUR DATE 54 VPS PRONOUNCED White 3 23 1082 31 Male 28 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X USA Georgia WIDOWED | DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HOSP. Baltimore City Hospital Maintenance Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. 136 COUNTY 13d. INSIDE CITY LIMITS? "III Sherwood Ave. Baltimore 14. FATHER'S NAME Standridge 15. MOTHER'S MAIDEN NAME Jasper Andrew MIDDLE Pecola Jarrett Stanridge 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. StandridgeADDRESS PAGES YES, NO, OR UNKNOWN 257-44-5172 Stanridge (Bro.) Same as 1B CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Thoraco-abdominal trauma BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) **IFICATION** 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES SO NO [] 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR UNDERLYING A OR Pedestrian struck by auto. 3 SHOU CONTRIBUTING CAUSE OF DEATH 11:20 7-30 1982 214. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION road road WHILE AT WORK 6000 blk., Harford Rd., Balt. Md. DIECTOR: Autapsy X 22e. I certify that I taak charge of the remains described obove, held an and in my opinian death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Assistant MEDICAL EXAMINER DATE SIGNED 7-31-82 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md.21201 23e.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Removal 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 State Anatomy Board Balto., Md. 2120410 (VR A15 ME (5)) 15M 7/77

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1	13/	Monge	SINM HOSEMAL	ADDRESSI MANO 21215	HOUSEWIFE HOUSEWIFE	AT HOME
35	13a. S	STATE 13h COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO	2500 W. BELVEDE	9-M #2121 PUE ANE
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/						#21215
	ATION	gave rise to immediate cause lat, stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c) (c) ONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	
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3			all) attended the deceased from	10	15 THEY 16	ond from the couses stated
1		DR. MYSO	ON, M.D.			7-5-82
	19	MEDICAL CERTIFICATION MEDICAL CERTIFICATION	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA 10, CITY OR TOWN OF DEATH OUT OF TOWN OF DEATH OUT OF TOWN OF DEATH 130, COUNTRY 14. FATHER'S NAME DAVID 160 WAS DECEASED EVER IN U.S. AR. (YES. NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse ind, stating the underlying cause last PART 2 OTHER SIGNIFICANT OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. TOWNIE AT WORK 210. TOWNIE AT WORK 210. TOWNIE AT WORK 210. SIGNATURE DR.	TO BIRTHPLACE (STATE OR FOREIGN RUSS IA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS II 11. STATE 1130 COUNTY 1130 CITY OR TOWN 12. FATHER'S NAME DAY ID 13. STATE 1130 COUNTY 1130 CITY OR TOWN 14. FATHER'S NAME DAY ID 18. CAUSE OF DEATH (Enter only one couse per line for (a), b) or PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one couse per line for (a), b) or PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one couse per line for (a), b) or PART I. DEATH WAS CAUSED BY. 19. DUE TO, OR AS A CONSEQUENCE OF DEATH (b) 19. DUE TO, OR AS A CONSEQUENCE OF DEATH (c) 19. DUE TO, OR AS A CONSEQUENCE OF DEATH (I) EITHER NOTIFY MEDICAL EXAMINER) (c) 19. DUE TO, OR AS A CONSEQUENCE OR OR OR ON	10	The strain of the control of the c

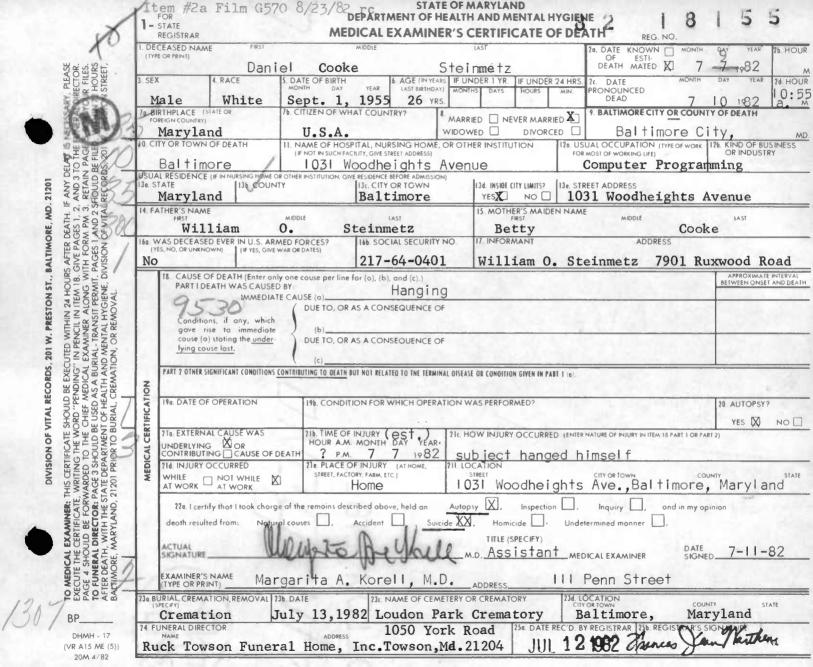
A STATE OF CALLERY AND STATE OF THE THEOLOGY IN LESS A 31/4/4 THE RESERVE OF THE PARTY OF THE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH 26 HOUR TYPE OR PRINTS RUTH STEINHART THURS, JULY 1, 1982 3. SEX 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH YEAR FEMALE WHITE NOV. 13,1916 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND USA WIDOWEDIX DIVORCED | BALTIMORE CITY O CITY OR TOWN OF DEATH . NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE 6711 PARK HEIGHTS AVE. APT. 408 HOUSEWIFE HOME 13b. COUNTY (21215)13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND 6711 PARK HEIGHTS AVE. APT. 408 BALTIMORE YESXIX NOF 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME EIRST MIDDLE LAST FIRST MIDDLE SAMUEL FREED TDA SHAPIRO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 215-07-2050 NO LEE SACHS 25 SO CALVERT ST. (21202) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) saw the deceosed alive an ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (was teled (did nat) 22b. SIGNALLIRE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 7-1-82 PHYSICIAN X DIRECTOR PHYSICIAN IAN'S NAME ITYPE OF PRINT 22e ADDRESS d b DANIEL BAKAL, MD 600 REISTERSTOWN RD. BALTO., MD 21208 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURTAL 7-2-82 SHAAREI ZION CEM. ROSEDALE, BALTO., MD. 24 FUNERAL DIRECT SOL LEVINSON & BROS. DHMH - 16 50M 1/B1 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) 1982 CALACES

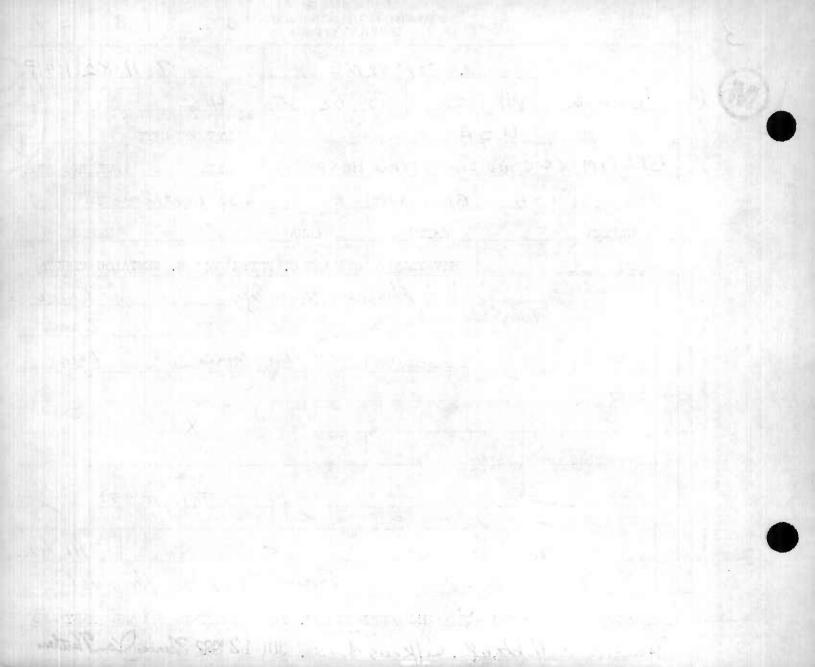
STATE OF MARYLAND

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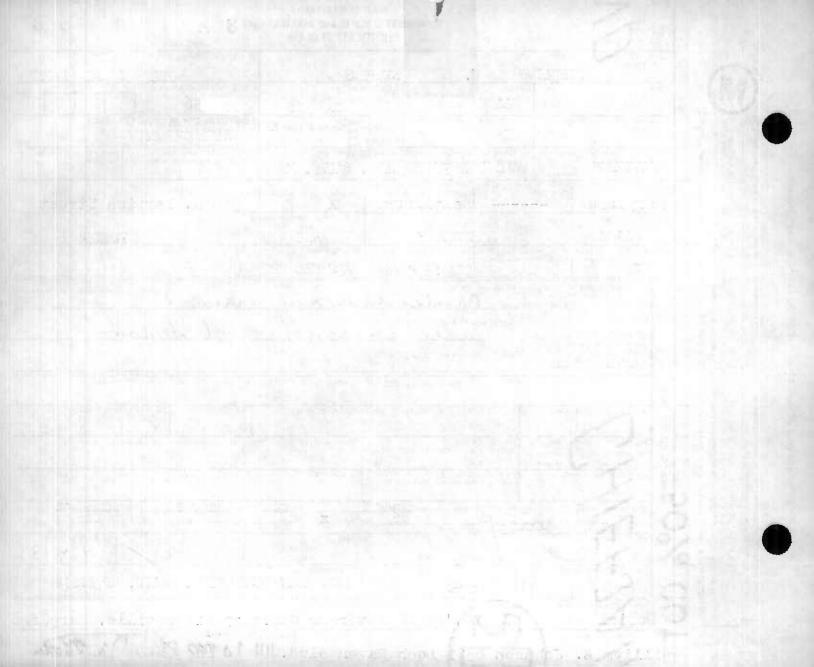
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FOR

(VRA 15, 4)



- STATE

REGISTRAR DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 2a DATE OF DEATH MONTH YEAR 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS MONTH YEAR HOURS 5 01 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore USA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRES Win door mill Gardens Baltimore YES Y 15 MOTHER'S MAIDEN NAME MIDDLE Stewart reorganna 166 SOCIAL SECURITY NO. 17 INFORMANT Albemarle Dorothy C. Trueheart 41 NIA

18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AND	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b) 2000000 Me Consequence OF Me Conditions, if ony, which	
gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF SUPPLY & S	
PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1101

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF WILLRY

20g AUTOPSY?

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION CITY OR TOWN STREET COUNTY

that (1) (we) lost

STATE

STATE

mo

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 27L DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

19

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

MONTH DAY YEAR

astview mem 24 FUNERAL DIRECTOR

Baltimore 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

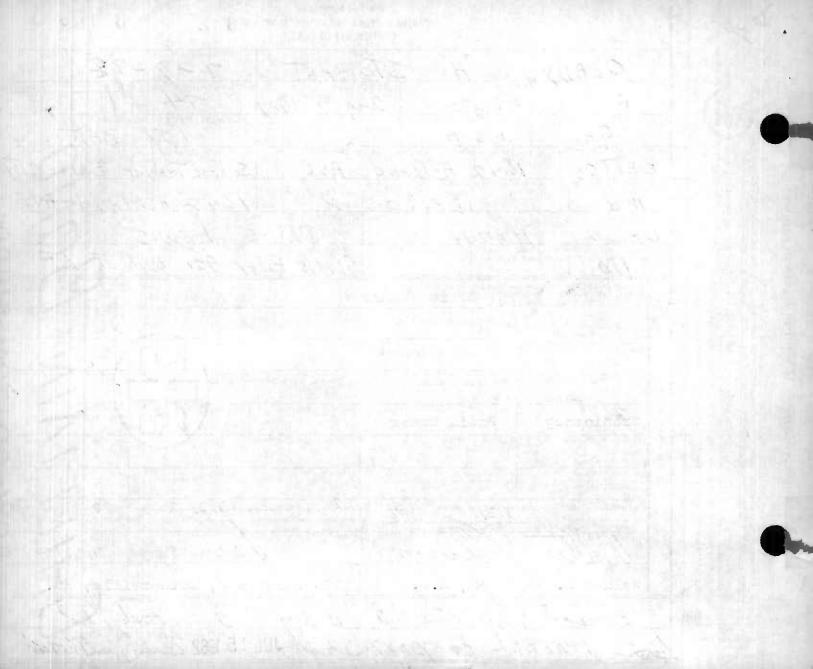
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ITY OR TOWN

COUNTY

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1.	Exa !	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 8 1 6 0 CERTIFICATE OF DEATH
	. E. f.		REGISTRAR CERTIFICATE OF DEATH REG. NO. CEASED NAME FIRST MIDDLE CORPRINC A DIV. S. H. S. LAST TO DATE OF DEATH MONTH DAY YEAR 26 HOUR TO DATE OF DEATH MONTH DAY YEAR 26 HOUR
	1	3. SE	MONTH DAY YEAR THE MONTH'S DAYS HOURS MIN.
m	W49		RTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY OF DEATH COUNTRY) 9. WIDOWED DIVORCED THE BALTIMORE CITY OF COUNTRY OF DEATH COUNTRY) 1 OF DEATH COUNTRY 1 OF D
201	1	1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 121. KIND OF BUSINESS OR (TYPE OF WORK FOR MOSL OF WORK FOR WOR
AND 213	in 24 hour y filled in thould be	13a.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 136 STREET ADDRESS MA 185 COUNTY 136 PARTO YES NO 1642 ASHLAND AVE
E, MARYI	completel	C	ATHER'S NAME FIRST ANDRES MIDDLE LAST LAST LAST MIDDLE LAST MIDDLE LAST ADDRESS ADDRESS
BALTIMORE	icion ond caero. Poges II.		YES NO PRUMINOWN) (IF YES, GIVE WAR OR DATES) SILEY 921 WILMET ET
ST.,	g physion pop conpop event,		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brain Tumor
PRESTON	he deoth ce he ottendin emove corb motion, or r troumotic	H	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF
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RECORDS	been si mit. The prior to ony inju	CERTIFICATION	None 190. Date of operation 190. Condition for which operation was performed 200. Autopsy? 200. If yes, were findings used in certifying causes of death?
FVITAL	IAN: The lc physicion. rificate hos I-tronsit per ol Hygiene n 18 shows		Cranio tomy Brain Tumor 218. ACCIDENT WAS UNDERLYING
DIVISION OF VITAL RECORDS,	HYSIC ading nis cert buriol Mention or then	MEDICAL	IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
/10	TENDING Porton of the state of		276.1 certify that (I) (this hospital) agended the deceased from 6/14/82, 19, 10, 10, 1/3/82, 19, 82, that (I) (we) lost
4	the hosp the hosp at DIREC letoched is te Dept.		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
	TO HOSPITAL TO FUNERAL should be deta with the State IMPORTANT: I		Walker L. Robinson, M.D. 1205 York Road, Lutherville, Mc
07	2 5 2 5 3 <u>5</u>		BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETRY OF CREMATORY 23d LOCATION COUNTY (SPECIAL COUNTY)
	DHMH-16 30M 2/80 (VRA 15, 4)	24.5	UNERAL DIRECTOR— WIERAL Home ADDRESS OF THE Colored JUL 15 1982 Journes Jan Harthen



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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			REGISTRAR		ME		EXAMINI	ER'S CE	RTIFIC	CATEO	F DEA	TH	REG.	NO.			
		I. DEC	CEASED NAME OR PRINT)	FIRST		WIDDLE		LA	ST			OF	ESTI-	X MONT		YE AR	26 HOUR
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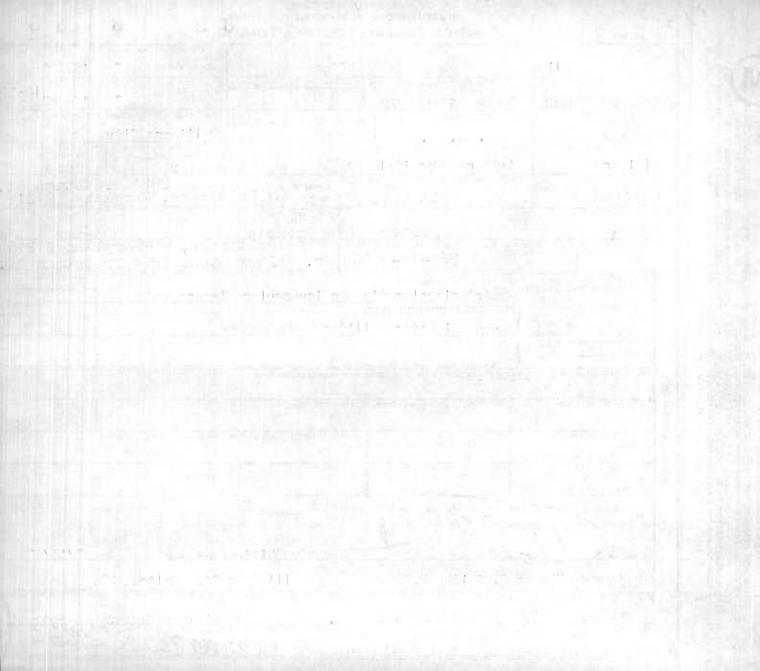
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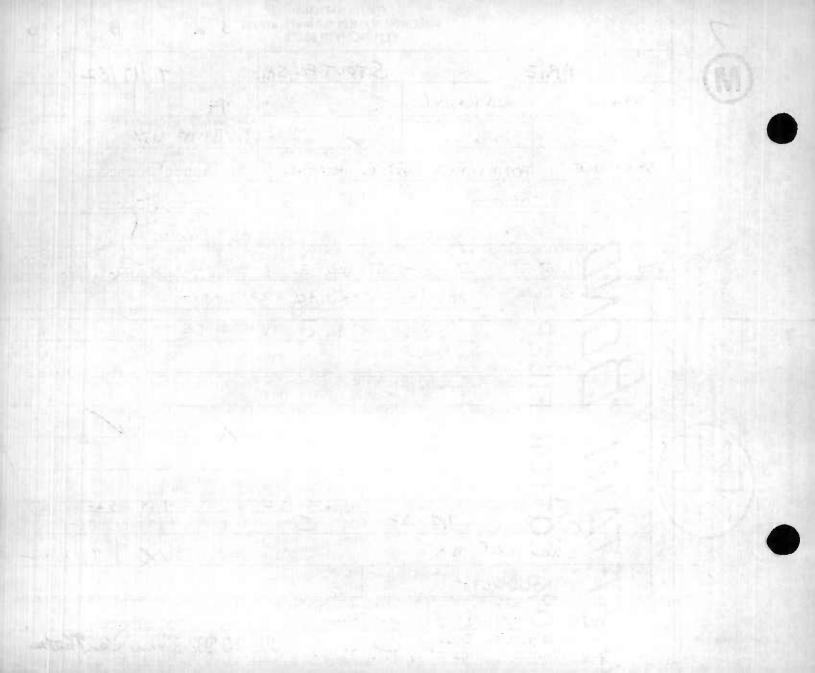
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 2b HOUR STOKES OGAN 20 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MALE BLACK 10 In BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH VIRGINIA BALTIMORE CIT DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS INDUSTRY ALTIMORE INNERSITY OF MARYLAND UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? murtle BALTIMORE MIDDLE MIDDLE Stokes Michard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 218-03-8162 Barbara E. Stokes 1202 myrtle 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ANOXIC ENCEPHALOPATHY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from JULY 11 sow the deceased alive on The body ofter death 19 82 and that in (my) four opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINTS 22e ADDRESS UNIVERSITY OF MARTUAND HOSPITA 230. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY mt. mo Balto. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE MRH-TO SON: 1/81 (VRA 15, 4) C. March F/H 1101 E. North Ave

LOUNE E. AMERICA Y at a said ASU AMETIV Y TI D BENEFIT JA J and certain constitution to be daily A SHI HER TO SEE A SHIP STORE 000 Burney Park of the State of Contract We construct the new many that the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR FIRST I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF Alice Stone DEATH MATED 150 82 4. RACE 2d HOUR 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH 0:34 DAY LAST BIRTHDAY) PRONOUNCED DEAD Black emale a M BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City arvland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Baltimore Lutheran Hospita lomemaker ome AL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 2824 Presstman 13d. INSIDE CITY LIMITS? 1136 COUNTY Maryland Baltimore Baltimore. Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Joshua Prater 17. INFORMANT Baltimore, ADDRESSMaryland 21216 166. SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 365-16-0656B Mr. Walker Stone 2824 Presstman 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (oArterlosclerotic cardiovascular disease and Canditians, if any, which diabetes mellitus gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOU EXECUTE THE CERTIFICATE, WRITING THE WORD, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF OF UNEAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARMENT OF BALLTWORE, MARYLAND, 21201 PRIÇAT D BURIA NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK AT WO STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted fram: Undetermined manner TITLE (SPECIFY) M. Deputy Chiefmedical ExaminER EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. TYPE OR PRINT 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore County Maryland 24 FUNERAL DIRECTOR **DHMH - 17** FUNERAL HOME 3035 W. NORTH VR A15 ME (5)) 20M 4/82





7	- STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	10107
	DECEASED NAME PIRST	MIDDLE S.	tullen	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 420
1	Female	4 RACE WHite	5. DATE OF BIRTH MONTH DAY YEAR 79	6. AGE (IN YEARS LAST BIRTHDAY) 8 3 YR	IF UNDER LYFAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
38	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING	GHOME OR OTHER INSTITUTION POPRESS) Hy of May yland	Baltimore C 120 USUAL OCCUPATION 11795 OF WORK FOR MOST OF WORKING AT HOME	126 KIND OF BUSINESS OR
35	Md Carr	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	13d INSIDE CITY LIMITS? YES NO	Springfield	State Hospital
りまん	FATHER'S NAME FIRST Having	MIDDLE Styller	15 MOTHER'S MAIDEN NA	MIDDLE	Fishpan
medi j	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	6611 Amos Stulle	r 3219 Woodhom	e Avenue 21234
observations or removers of the standard of th	PART I. DEATH WAS CAUSE	ally one cause per line for (o), (b), and (D BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE! (b) DUE TO, OR AS A CONSEQUE!	remona	Inest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ior to buriol ny injury, or	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1 a
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH (DPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
Tem 1		ATH HOUR A.M. MONTH DA	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18. PART I OR PART 2)
morked or I	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is	sow the deceased alive or	atol) ottended the deceosed from19 the view the body after death.	, ond that in (my) (aur) opinion	death occurred on the date and l	hour and from the couses stated 224, DATE SIGNED
Stote D	22d. PHYSICIAN'S NAME (TYPE	DR PRINT	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	7/17/52
should be de with the Stot	Robert BURIAL CREMATION, REMOVAL	123b. DATE 123c N	MD UML AME OF CEMETERY OR CREMATORY	1236 LOCATION). Hol
	(SPECIFY) Burial FUNERAL DIRECTOR		essops Cemetery	Sparks Bal	
)M 1/B1 24		lome 3631 Falls	Road 21211	1 9 1982 Charres	

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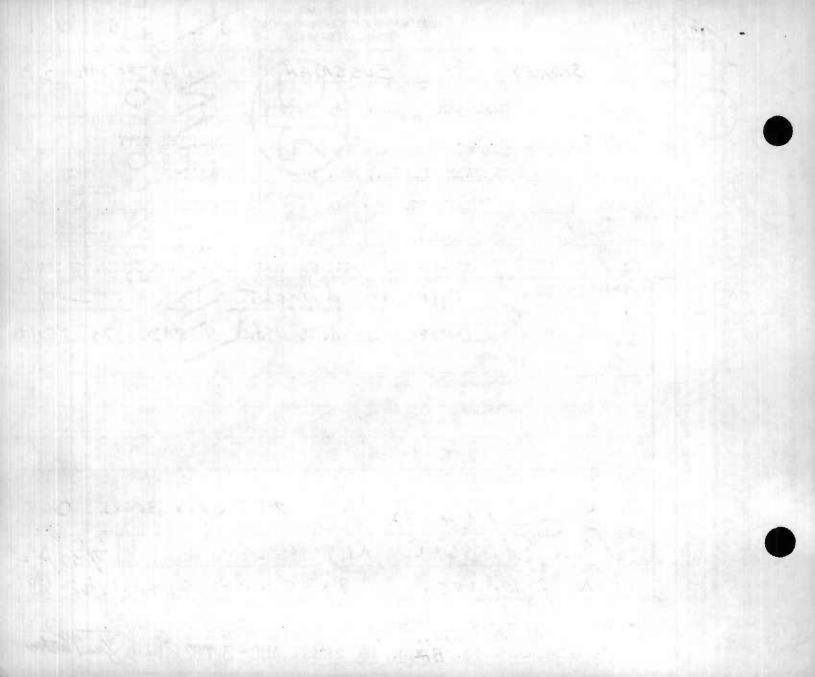


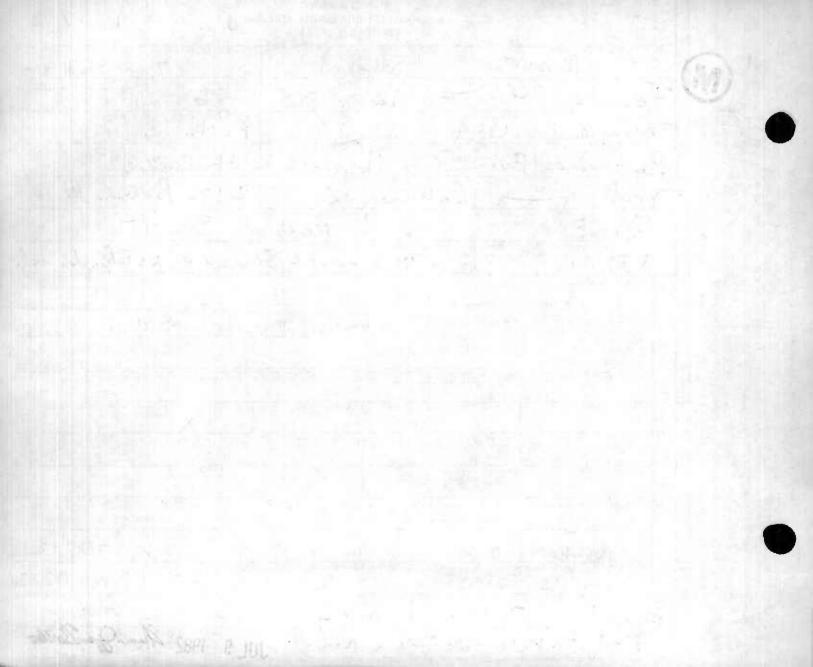
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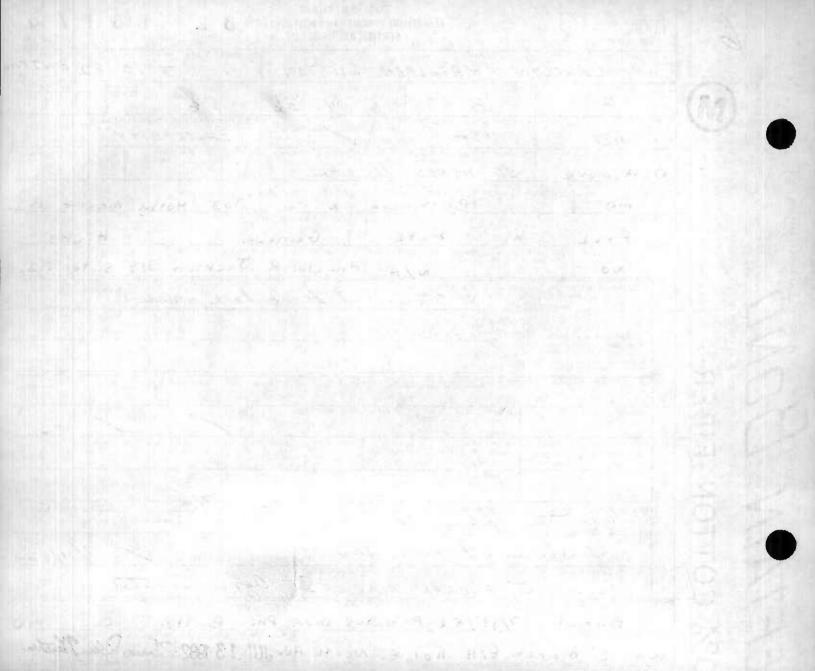
2/	1.	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYGICATE OF DEATH	GIENE 8 2	10.	8	7 1
		CEASED NAME FIRST SIDN	EY MIDDLE	50	SSMAN	20 DATE OF DEATH	MONTH DAY	YEAR 1982	26 HOUR
	3 SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
1		MALE	CAUCASIAN	JULY		73	VRS MON	THS DATS	HOURS MIN.
1-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	1110	DEATH	
1		EW JERSEY	U.S.A.	WIDOWE		BALTIMO	ORE CITY	7	MD.
6		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME C		12a USUAL OCCUPAT	ION	126 KIND OF	F BUSINESS OR
10		BALTIMORE	3623 SEVEN		APT. 1G	PHARMAC IS		DRU	GS
3	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUI ARYLAND	VTY 13c. CITY	CE BEFORE ADMISSION) OR TOWN IMORE	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3623 SEVEN		#2121	5
	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			11	
00		DANIEL		SMAN	REBA	WIDDLE		UNKN	OWN
,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANTMRS.J	OANNE FORD	ESS		
		YES NO OR UNKNOWN) (IF YES, GIV		05-6949	112 SUNNYDA	LE WAY, RE	ISTERSTO	WN, M	D 21136
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE 41 40 Conditions, if ony, which gove rise to immediate couse to stoting the underlying cause lost	TE CAUSE (a)	NDIAC NSEQUENCE OF TENIOS (ARRES		25A	-	YEARS
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION FOR			NINAL DISEASE OR CON	20b. IF YES, W		
1	TIFIC			WHICH OFERANO	WASTERI ORMED	YES NO	OF DEATH?		
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	ORPART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		22a.1 certify that (III) this hospi sow the deceased give on obove (h) is e) (did) did no 22b. SIONALUES	JVLY 28	19 82, on	d that in (my) (our) opinion of the composition of	death occurred on the d	ote and hour an	od from the c	
		220 PHYSICIAN'S NAME (TYPE OF	· ICASSE	1	270-ADDRESS 2435 W	VBELVE	OENE	Avi	& Bul
		URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		BURIAL	8-1-82	SHAAREI	ZION CONG.	ROSEDALE	BALT	O.,	MD
	24 FL	INERAL DIRECTOR SOL LE			25a. DAT	E REC'D. BY REGISTRAR	256 PEGISTRA	SIGNAL	Water.
		6010 REISTE	RSTOWN RD.,	XXX TO., M	D 21215 AL	JG - 3 1982	Crances	Jan	Milloto

STATE OF MARYLAND

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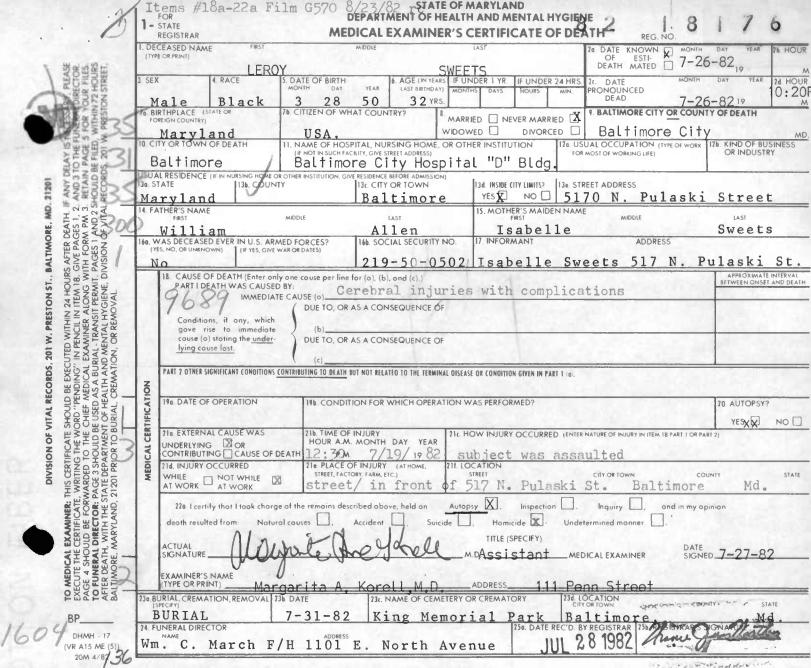






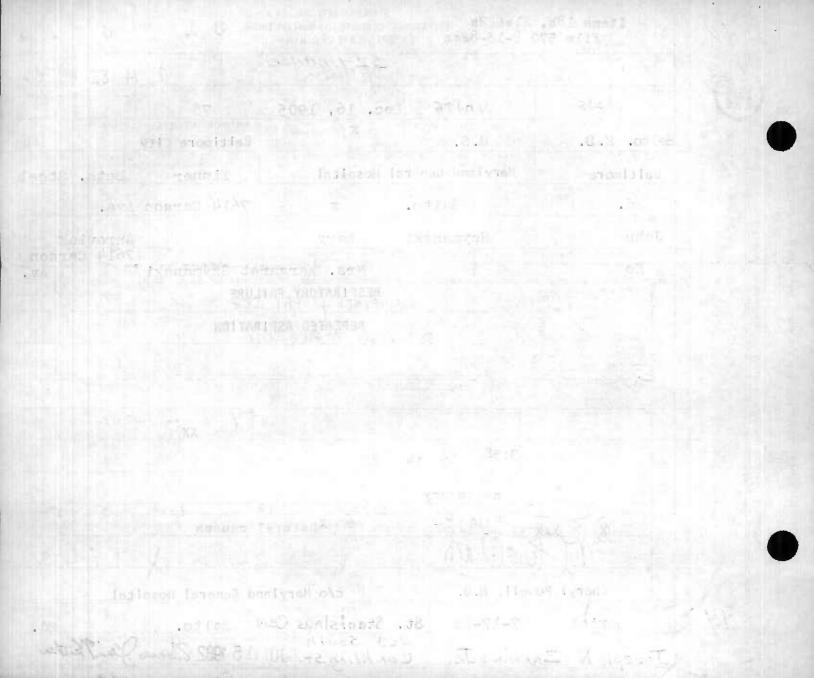
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10		11			STATE OF MARYLAND		
12	-/	6	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 REG. NO.	18177
4	e 3	4		CEASED NAME PRIST OR PRINT)	SINIFC	20. DATE OF DEATH MONTH	18-1982 8 A M
	age 4 may	1	3 SE	EMALE	RACE S DATE OF BIRTH DAY JEAN JEA	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HPS
0	funer funer in 7-mod	77	70 B	RTHPLACE (STATE OR FOREIGN 7b)	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	UNTY OF DEATH E CITY MD.
[0]	by the	0	7	BALTIMORE 18	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF HOSPIN SUCH FACULTY, GIVE STREET ADDRESS) OF THE STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) 12h KIND OF BUSINESS OR INDUSTRY
AND 213		3	130 17	AL RESIDENCE (# NURSING HOME OR OTH STATE 136 COUNTY ARYLAND	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS 57	REEPER ST.
MARYL	ampletely and 2 short	dicai exa	14. F/	THER'S NAME UNKNOWH	DLE LAST FIRST, LAST	WWW MIDDLE	LAST
TIMORE		t, the me		VAS DECEASED EVER IN U.S. ARME (IF YES, GIVE WA		IEKIERSKI	6175 KENWOODA
201 W. PRESTON S	quires that the death ce gned by the attending p to please remove carbon p burial, cremation, or re	njury, or other traumatic ev		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.		lester Rester INAL DISEASE OR CONDITION	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH SUPPLY SUPPLY N GIVEN IN PART 1(0)
RECORD	has been simit. The	shows any	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
ON OF VITAL	phys is cer ial-tra ental	or tem 18	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	EED (ENTER NATURE OF INJURY IN ITI	
DIVISION	After the street the street the surfit and M	тагкед	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Pital c	Item 21 is		228.1 certify that (1) (this hospital) sow the deceased alive on above (1) (we) (did) (did nat) vi 22b. SIGNATURE	UDLY 2 19 82 and that in my (our) opinion d	eath occurred on the date on	d hour and from the causes stoted
N E G	Ley the hose detached state Dep	E NA	V	Walter M. 22d. PHYSICIAN'S NAME (TYPE OR PRI	Milyant MD. ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN [70 11. 2260
90	TO FUNERALI should be detack with the State	MPORIAN	23a f	WALTER	R. WELZAN 422-3 23b, DATE 22, NAMS OF CEMETERY OR CREMATORY	25 MEDICA	LARTS DEDI
010:	BP		1	INERAL DIRECTOR	7-21-1982 ST. STANISLAUS	RALTIMON REC'D. BY REGISTRAR 256. R	CE MD STATE
	DHMH-16 29 (VRA 15, 4)		MA	YMOND L. KACZ	ZOKOWSKI 2525 FLEET ST.	22 1002 2	me Jan Marth-

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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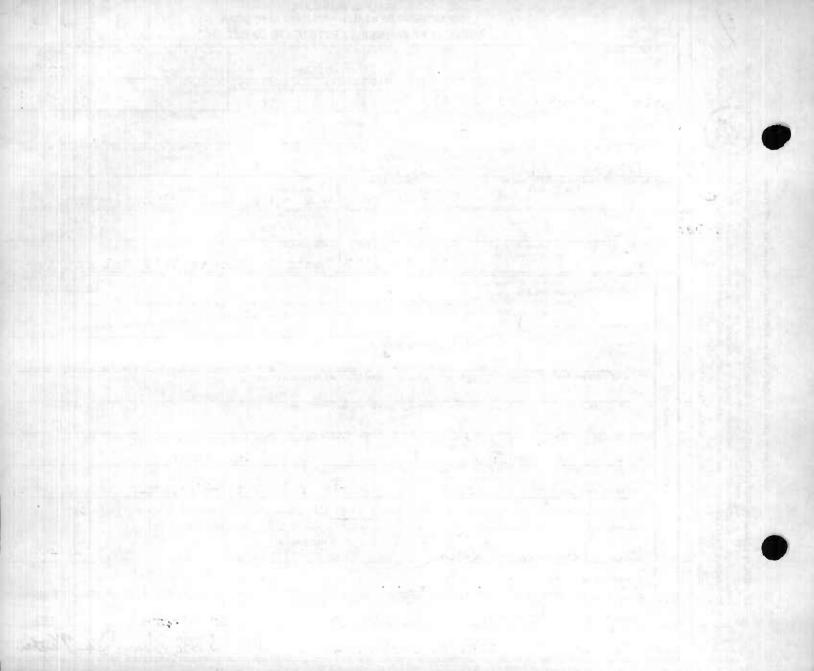
STATE OF MARYLAND

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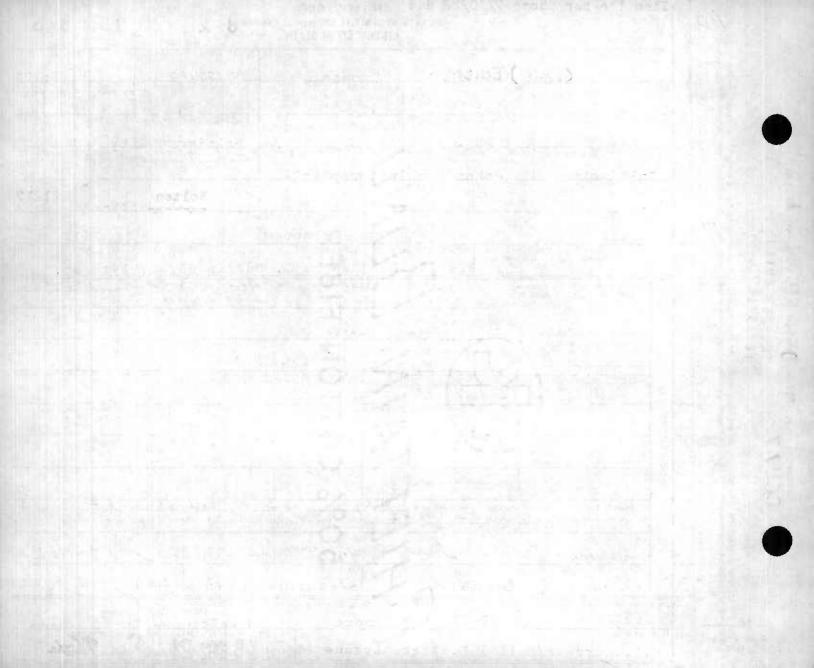
1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	RE	G NO.			
	ECEASED NAME FIRST	M	AIDDLE		LAST	20 DATE OF DEA	TH MONTH	DAY	YEAR	2h HOUR
		eltA	B.	Tho	mag		07	1.1	82	7:56a
3 SI	EX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LA	AST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
	+	W		8	-3-1908	73	,	RS.	15 DATS	HOURS MIN.
7a 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI			DEATH	
	MARYLAND	U. 5	. A ·	WIDOWE		Ba	ltimo	ore		MC
	CITY OR TOWN OF DEATH			HOME	OR OTHER INSTITUTION	12a USUAL OCCU	PATION	1:		F BUSINESS OR
	BALTO.		Hopkins		ni+al	TOMEN			DUSTRY	ME
USU 13n	JAL RESIDENCE (IF NURSING HOME OF STATE 1136 COL	OR OTHER INSTITUTION (GIVE RESIDENCE BEFORE A	DMISSION)					110	
	Mo.		BALT		13d INSIDE CITY LIMITS?	13e. STREET ADDR	N.	CUP	LEY	ST
14. F	ATHER'S NAME				15. MOTHER'S MAIDEN NAM		14.			01,
	FIRST	MIDDLE Mu	NMERT		MABEL	E. K	RUCI	CIE	LAS	ī
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	A	DDRESS	, , , ,		
100	(YES NOOR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	217-07-5	3169	Mr. George H.	Thomas	- 80	NON	. Ci	rle Il
	18 CAUSE OF DEATH Enter of	inly one couse per	line for (a), (b), and	(c) 1				T		MATE INTERVAL DISET AND DEATH
1	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	PNEUMEN						Beinefie	ANSET BIND DEBTIN
	12989		AS A CONSTOURN	ICE OF		- 100				
	Conditions, if any, which	OUE TO, OR	ASPLATI							
	gove rise to immediate cause to, stating the	0)	AS A CONSEQUEN							
	underlying couse last.	(5)	DENENT							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN I	V PART 10	31
CERTIFICATION	100									
CAT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?		F YES, WE	RE FINDIN	IGS LISED
E	10.00									OJ OJEO
						YES NO		YES	CAUSES	OF DEATH?
S	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		VEAR	21c. HOW INJURY OCCURR		Y	YES 🗌		OF DEATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI	HOUR A.M	A. MONTH DAY	YEAR	21c. HOW INJURY OCCURR		Y	YES 🗌		OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M ER) P.M	A. MONTH DAY A. DEINJURY	19	21f LOCATION	ED (ENTER NATURE O	INJURY IN ITE	YES	OR PART 7)	OF DEATH?
MEDICAL CE	OR CONTRIBUTING CAUSE OF DI	HOUR A.M ER) P.M	a. MONTH DAY a.	19		ED (ENTER NATURE O	Y	YES		OF DEATH?
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED	HOUR A.M. P.M. 21e. PLACE C (AT HOME STRE	A. MONTH DAY A. DE INJURY EET FACTORY, OFFICE, FAR	19	21f LOCATION	ED (ENTER NATURE O	INJURY IN ITE	YES	OR PART 7)	OF DEATH? NO STATE
	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hasp	HOUR A.N. P.N. 21e. PLACE C (AT HOME STRE	A. MONTH DAY A. DE INJURY LET FACTORY, OFFICE, FAR decepsed from	19 M ETC J	211 LOCATION STREET	ED (ENTER NATURE O	INJURY IN ITE	YES	ORPART 7)	OF DEATH? NO STATE
	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.N. P.N. 21e. PLACE C (AT HOME STRE	A. MONTH DAY A. DE INJURY LET FACTORY, OFFICE, FAR decepsed from	19 M ETC J	21f. LOCATION STREET	ED (ENTER NATURE O	INJURY IN ITE	YES	ORPART 7)	OF DEATH? NO STATE that (I) (we) last couses stated SIGNED
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did not above, (I) (we) (did) (di	HOUR A.N. P.N. 21e. PLACE C (AT HOME STRE	A. MONTH DAY A. DE INJURY LET FACTORY, OFFICE, FAR decepsed from	19 M ETC J	21f LOCATION STREET 19 dd that in (my) (our) opinion o	ED (ENTER NATURE O	ORTOWN he date and	YES	OUNTY	OF DEATH? NO STATE
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased alive a abave, (I) (we) (did) (did in 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE	HOUR A.M P.M 21e. PLACE C (AT HOME STRE	A. MONTH DAY A. DE INJURY LET FACTORY, OFFICE, FAR decepsed from	19 M ETC J	21f LOCATION STREET 19 dd that in (my) (our) opinion o	CITY to medical DIRECTOR Ph	OR TOWN he date and STAFF YSICIAN	YES	OR PART ?) OUNTY from the	OF DEATH? NO STATE that (I) (we) last couses stated SIGNED
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased alive a abave, (I) (we) (did) (did in 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE	HOUR A.M. P.M. 21e. PLACE C (AT HOME STRE	A. MONTH DAY A. DE INJURY LET FACTORY, OFFICE, FAR decepsed from	19 M ETC J	21f LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	ED (ENTER NATURE O	OR TOWN he date and STAFF YSICIAN	YES	OR PART ?) OUNTY from the	OF DEATH? NO STATE that (I) (we) last couses stated SIGNED
MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did in 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE MARK G BURIAL, CREMATION, REMOVA	HOUR A.M P.M 21e. PLACE C (AT HOME STRE	A. MONTH DAY A. DE INJURY DET FACTORY, OFFICE, FAR deceosed from	19 M ETC 1	21f LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	CITY to depth occurred on to MEDICAL PHOPKING	OR TOWN STAFF YSICIAN (1)	YES UN 18 PART I O	or PART ?) COUNTY from the 222c. DATE	OF DEATH? NO STATE that (I) (we) last couses stated SIGNED IU82
MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22d. I certify that (I) (this hasp sow the deceased alive a abave, (I) (we) (did) (did not be soon to be soon to be soon to be soon to be soon the deceased alive a abave, (I) (we) (did) (did not be soon to be soo	HOUR A.M P.M 21e. PLACE C (AT HOME STRE OR PRINT) COR PRINT) L 23b. DATE	A. MONTH DAY A. DE INJURY DET FACTORY, OFFICE, FAR deceosed from Office death 19 136 NA	19 M ETC 1	21f. LOCATION STREET	ED (ENTER NATURE O	OR TOWN STAFF YSICIAN (1)	YES	or PART ?) COUNTY from the 222c. DATE	OF DEATH? NO STATE that (I) (we) last couses stated SIGNED

BINDUN 3 DEMANN TREMELED 217 DT. BILL MY SEGRET STEELE - SEGRETAL STEELE PASSEL COMPANY SOLICE La Spille - 75 Thomas Start St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWNXX MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-Donald Thomas DEATH MATED 12 1982 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3:53 5. DATE OF BIRTH DATE MONTH LAST BIRTHDAY) PRONOLINCED 25 Black 10 61 20 Male DEAD 1982 a. M 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRYS USA MD Baltimore City WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Baltimore World Trade Center - Pier USUAL NO. 130. STATE MD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3022 Belmont Avenue YES X NO [8. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 SH. DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Thomas J. Villie James White 18. G. SWITH FO. 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) No 214-84-2177 James J. Thomas 3022 Belmont Ave. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Drowning JAMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [] 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 3:00 12 19 82 subject fell into water EXECUTE THE CERTIFICALE, WARLING PAGE 4 SHOULD BE FORWARDED TO FUNERTOR: PAGE 3 SHOULD BETTER DEATH, WITH THE STATE DEPAIR ANTER DEPAIR WITH THE STATE DEPAIR BALTIMORE, MARYLAND, 21201 PRICE PAGE 1000 PRICE 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED World Trade Center-Pier, Inner Harbor, Balto., STREET, FACTORY, FARM, ETC.) WHILE AT WORK water Autopsy XX 22a I certify that I took charge of the remains described above, held an Inspection and in my paintan Accident X Homicide ___ Undetermined manner depth resulted from: Natural causes Suicide TITLE (SPECIFY) ACTUAL 7-12-82 Assistant SIGNATURE EXAMINER'S NAME III Penn Street rginia L. Dolan, M.D. (TYPE OR PRINT) **ADDRESS** 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 7/15/82 Mt. Zion Cem Burial Baltimore MD 25a. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 20M 4/82



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and the same of	ATHERS NAME	BALTIMORE YES P NO [2109 W. SARAT	106A VI
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B 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166	SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	
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north o	AT WORK AT WORK	N M	7 51	
H H	220.1 certify that (I) (this hospital) attended the de saw the deceased alive on	10 = 3 and that in (my) (aux) aninia	a death occurred on the date and hour or	that (I) (we
10.0	above, (1) (we) (did) (did not) view the bady afte	er death.		226 DATE SIGNED
T. F. B.	Surps Apullia		MEDICAL STAFF	フーン/~
TAN I	22d. PHYSICIAN'S NAME (TYPE OF PRINT)	22e ADDRESS		Dai
0	SURJIT JUL	KA BON SE	COUR HOSBITAL	, 13ALT,
230	BURIAL, CREMATION, REMOVAL 23b. DATE	234. NAME OF CEMETERY OR CREMATORY	6.7 00.00	
	Burial 7/26/	182 New Cathedral	Baltimore	OUNTY STATE
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AORE,	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMAN		ADDRESS		
be executed on and control of secuted control of se	L	YES NO OR UNKNOWN) (IF YES, GIV	E WAR ON DATES)	N/A	Bernice Do	rsey 43	S. Cul	ver St	.(29)
₹ - e c e e		18 CAUSE OF DEATH (Enter on	ly one couse per line lor	b), and ic	1			APPROXIA BETWEEN O	MATE INTERVAL
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deor deor tron		Conditions, if ony, which	((b)	WWW	is of	ne x	we		
the the rema		gave rise to immediate cause (a), stating the	DUE TO, OR AS AICO	INSEQUENCE OF	1.160	1.	1	ST. TOTAL	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death cert attending physician. After this certificate has been signed by the attending is so the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, ar restarted arr let all shows any injury, or ather traumatic expected arrection.	1 3	underlying couse last.	10_ (1	may)	I Occes	wz d	ueto		
gned an ple burno ry, or		PANS Z. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTE	O TO DEATH OU	NOT REPATED TO THE TER	MINERI THE BEEC	CONDITION ON	EN IN PART 1/0	
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N OF VITAL RE ION BY BY SICIAN: The Ion By Physician. Certificate per suid-transit per tental Hygiene J Item 18 shows.	CERTIFICATION					VES . N		S	NO [
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ENDII hal or DR. A DR. A Healt	10	22a-1 certify that (1) (this hospit	tal attended the deceases	d Irom	77 1982		131	19 0 1	hat (I) (we) last
		sow H deceased all in an	lew the body after deat	h. 19 8 2 6	nd that in (my) (our) opinion	death occurred a	the date and hou	r and from the c	ouses stated
OR ATT OR ATT DIRECT oched fo Dept. of		27h SIGNATURO	Ada		DEGREE			22c. DATES	IGNED /
		ADEL	VUV		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [11/	31/82
NE SA		226 PHYSICIAN'S NAME THEO	1 1	0.1	22e ADDRESS			0.1	
TO HOSPITAL retained by 1 TO FUNERAL should be det with the Store		VUAL	J A. BEL	TRAN	1940 W.F	BALTIMO	RE ST	BALT	MORE
- 6/1/	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF	EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	1) 2/123
286/BP		BURIAL	8-4-82	Arbut	us Mem. Pk.	Arbu	itus,		Md.
DHMH - 16 50M 1/81		UNERAL DIRECTOR		DDRESS	6.0.0		SIRAP 246. REGIST	PAR'S SIGNAT	ETTER.
(VRA 15, 4)	Wn	. C. March F.	/ H 1101 E	. North	Avenue AU	6-3 198	2 Charces	Down .	

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۵			22a.1 certify that (1) (this hasp	ital) attended the deceased f		19	19 86		ty 17	1982	, that (I)	(we) lost
	ATTEND aspital of CTOR: y d far use d far use n 21 is m		sow the deceased alive on ab (1) (we) (did) (did no	ot) view the body after death.	19_ 8 C , and	that in (my) (our) opinion d	eath accurred	on the date and	hour and fro	m the couses	stated
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	5 g 5 g g g	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CE	REMATORY	23d. LOCATI				
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	DHMH-16 30M 2/80	24. FU	INERAL DIRECTOR	1621 Ope	ssumtow	n Pike	250. DATE	REC'D. BY REC	SISTRADIA RE	GENERAL ST	TURE	
	(VRA 15, 4)	G	Douglas St	auffer Fre	derick.	Md.	AUL ;	1 1982	pan	- Gan	- Cardenan	

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				STATE OF MARYLAND		
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ow on be	S	190 DATE OF OPERATION	196. CONDITION FOR WHI	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES	YING CAUSES OF DEATH?
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DIVIS DING P or after the os the olth one		AT WORK				
N N N N N N N N N N N N N N N N N N N		22a.1 certify that (1) (this hasp	oital) attended the deceased from	July 2-9 19 82	- to july 30	19 6 , that (1) (we) lost
TTE Prito for of h	1	sow the deceased olive or above, (1) (we) (did) (did no	of) view the pody after death.	20, and that in (my) (aur) opinion	death occurred on the date and hou	r and from the causes stated
OR A e hos bort f frem		22b. SIGNATURE	of view in Employ differ dediff.	DEGREE		226. DATE SIGNED
		Sun	. Thele	MA CALLED ATTENDING	MEDICAL STAFF	1/20/80
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O HOSPITAL retained by th TO FUNERAL should be detri- with the State		V Y. /	YSLDONA	00 5633 BIL	F STREAM RO	ou, countell
2900	230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	TU-
0708BP	PA	WATE BURIA	8/3/82	Eastview Mem. Pk.	Baltimore, Md.	COUNTY STATE
DUM 14 504 1 794		UNERAL DIRECTOR		125g DA	TE REC'D. BY REGISTRAR 755 REGIST	RAR'S SIGNATURE
DHMH - 16 50M 1/76 (VR A 15 (4))		C March F/H, I	nc. 1101 E. No	arth Aug	16 - 3 1982 Cource	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			TTOT TO 1/4	ALGI AVE.	10 0 1000 01000	11

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE SQ

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 28 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINT ALBERT CLARENCE THOMPSON JULY 11, 1982 2:30 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MALE WHITE 10/11/1896 85 BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MARYLAND U.S.A. BALTIMORE CITY WIDOWED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 105 W. 39th STREET BALTIMORE ACCOUNTANT GLASS MFGR. SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 130 SIREET ADDRESS 105 W. 39th STREET BALTIMORE MARYLAND 21210 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EDWARD THOMPSON GARDNER MAMIE 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WW T 212.01.5419 EDYTHE T. THOMPSON (SAME AS 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG NO 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FAMI

TH LOCATION

my eour opinion death occur

ATTENDING

COUNTY STATE

22r. DATE SIGNED

7/11/1982

NOT WHILE 17a.1 certify that (1) (this hospital)

WILLIAM G, HELFRICH, M.D.

PHYSICIAN XX DIRECTOR PHYSICIAN 22e ADDRESS

5006 ROLAND AVE., BALTO., MD. 21210

BALTIMORE

230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CREMATION

24 FUNERAL DIRECTOR

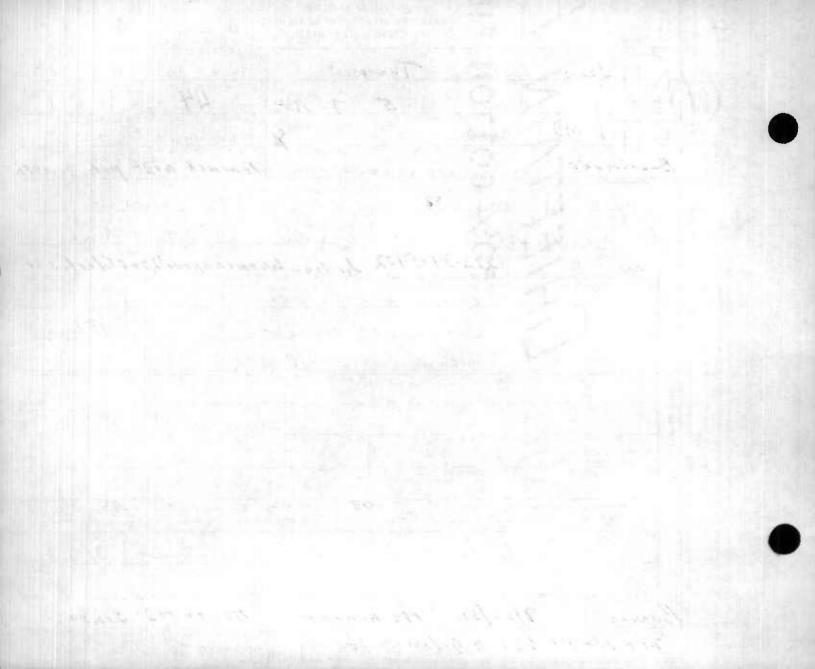
7/12/1982 WALTER BROOKS BRADLEY, INC. BALTO., MD.

MARYLAND

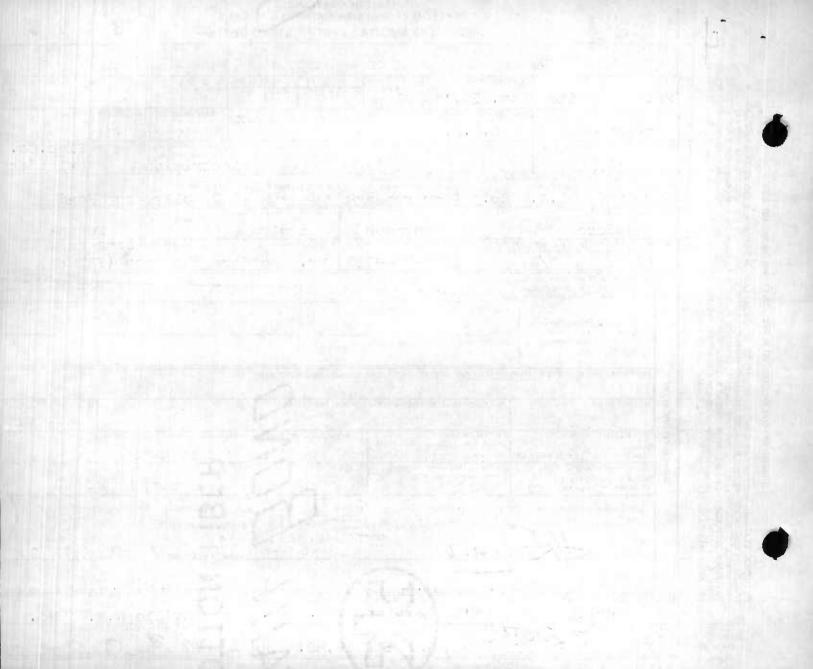
MH - 16 50M 1/81 (VRA 15, 4)

GREEN MOUNT CREMATORY

red on the date and hour and from the causes stated



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L		REGISTRAR			WEL		EXAMINE	R'S C	ERTIFIC	CATEO	F DE	THE	REG. N	0.	1	1	7
ľ		EASED NAME				MIDDLE			LAST			20. DATE OF	KNOWN X	X MONTH	- DAY	YEAR	26 HOUR
L				homas			James		Thomp	son		DEATH	MATED [7	17	1982	M
3.	. SEX		4 RACE	S. DATE		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN		IF UNDER	24 HRS.	2c. DAT	E NCED	MÖNTH			2d HOUR
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11	0 CIT	Y OR TOWN	OF DEATH		ME OF HOSE		RESING HOME, C	OR OTH	ER INSTITUT	TION		JAL OCCL	JPATION (TY	PE OF WORK	0	RINGS OF	
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) 1	Theodo	ore	11110000			ompson	1		roly	n				Nei	uens	
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l		NO		/A	(103)	220	-70 - 23	29	Mr.	The	odoı	ce Tl	homps	on	(FAT	THER)
F		18 CAUSE O	DEATH (Enter	anly ane co	use per line	far (a), (b),	, and (c).)									APPROXIMATE	
ı		PARTIDE	ATH WAS CAUS	SED BY: IATE CAUS	E(a) GI	unsho	t wound	of	chest	;					307	Weev Ortac	N. D. D. R. M.
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			s, if any, while		(b)												
		cause (o)	stating the unde	<	(-)	AS A CON	SEQUENCE OF										
		lying cau	se lost.		(c)												
	,	PART 2 OTHER SIG	HIFICANT CONDITIO	NS CONTRIBUT	ING TO DEATH B	UT NOT RELAT	TEO TO THE TERMINA	L DISEASE	OR CONDITION	GIVEN IN PAR	RT 1 (a).						
4	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	T	Ph CONDIT	ION FOR V	WHICH OPERAT	ION W	AS PERFOR	MED?					120	AUTOPSY?	
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	2	UNDERLYING	OR		HOUN K.M.		DAY YEAR										
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		death resulte	d fram: Na	iturol cause	s L.	Accident	L., Suicid	de LX	, Homic	ide	Undet	ermined m	nonner				
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-		SIGNATURE_	0//	0	ron	10		M.	Assis	tant	MED	ICAL EXA	MINER	DATI	VED	7/17/3	82
		EXAMINER'S	VAME									-		7.1			
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2	30.BL	ECIEV)	ION, REMOVAL		JULY		AME OF CEME				CITY	OR TOWN			YTANG		ATE
-	24 E1	INERAL DIREC	rial	22	OLY.	04 M	arylan	ia v					SVILL AR 25b. REC		.A.	TURE	d •
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B	3	I WET H	LIN ELL	MERA	HOM	H [7]	TIN BULL	VIV I			11 6	4. IYK	1111	Late a C	1 40	- // "	7



Items #18a-22a Film G570 8/13/82 rSTATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. DECEASED NAME 20 DATE KNOWN XX MONTH DAY 26 HOUR (TYPE OR PRINT) ESTI-7-5-8210 DEATH MATED Leonard William 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 6: 18F -5-82 LAST BIRTHOAY) PRONOUNCED DEAD 25/ 1917 MALE WHITE 64 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF TO CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED FOREIGN COUNTRY) U.S.A. NEW JERSEY WIDOWED [DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Baltimore City Hospital MECH. MAINTENANCE STEEL MFGR. SUAL RESIDENCE (IF IN NURSING 13 COUNTY 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET ADDRESS NO X 44 MOBILE LODGE DRIVE, 21222 MD. BALTIMORE DUNDALK 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDCLE LAST WILLIAM THOMPSON **GEORGEANNA** ROSS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT LOUISE F. THOMPSON (same as 13e) 151.01.7831 NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, DAY, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in Arteriosclerotic cardiovascular disease ICATE, WRITING The FORWARDED TO THE LESSEN PAGE 3 SHOULD BE USED.

**PAGE 3 SHOULD BE USED.

P 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YESY V NO L 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY. UNDERLYING OR Subject fell into water CONTRIBUTING CAUSE OF DEATH 19 Q 21e PLACE OF INJURY THE LOCATION 71d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3: AFTER DEATH, WITH THE STATE DE BALITMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK off the pier Baltimore Md. 220. I certify that I took charge of the remains described above, held an Inspection Undetermined manner TITLE (SPECIFY) ACTUAL DATE 51GNED 7-7-82 Assistant SIGNATURE EXAMINER'S NAME Margarita TYPE OR PRINT Korell 111 Penn Street ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION STATE MD. BURIAL 7/8/1982 GARDENS OF FAITH BALTIMORE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17 WALTER BROOKS BRADLEY., INC. DUNDALK, MD. (VR A15 ME (5)) 20M 4/825 3

)			STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.	8 1 9 7
		OR PRINTS ALFRE	MIDDLE LAST 20 DATE OF DEATH MONTH / DAY	Y SEAR 2b HOUR
	3 SE		1 RACE S. DATE OF BIRTH 1 RACE (IN YEARS LAST BIRTHDA)	NDER I YEAR IF UNDER 7 HHS
83		RTHPLACE (STATE OR FOREIGN	71. S. B. WIDOWED DIVORCED DIVORCED DIVORCED	F DEATH
1	10 0	atimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (EMPEOP WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
25	13a		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	0
30	14 F/	THER'S NAME	MIDDLE 15 MOTHER'S MAIDEN NAME MIDDLE	LAST
medical			RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VEWAR ORDATES) 217-09-74.76 Mag May VI Through	E Pline CI
ent, the		8 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
umatic ev		2059	DUE TO, OR AS A CONSEQUENCE OF	-Day
er fra		Conditions, if ony, which gave rise to immediate cause (a , stating the	DUE TO, OR AS A CONSEQUENCE OF	gro.
10		underlying cause last.	DOC TO, OR AS A CONSEQUENCE OF	
2,	NO	underlying cause last.	(c)CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART IIa
vs any injury, ar	IFICATION	underlying cause last.	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔎

REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT) HER		OSEPH	THUR	.st ▼	20 DATE OF DEATH MONTH	15 82	710 M
3 SEX Male	4 RACE Whi.	te	S. DATE O	ғыктн ch 12, 18 99	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	
BIRTHPLACE (STATE OR FOREIGN Maryland	16. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEL	NEVER MARRIED DIVORCED	City MD		
Baltimore City	(IF NOT IN SUC	theran H	ospita	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UTTICE Manage		t & Co.
USUAL RESIDENCE (IF NURSING HOME) 130. STATE Maryland lower	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	N City	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3130 Paulskir	k Drive	
FATHER'S NAME FIRST William	MIDDLE A.	Thurn		Margaret	ME MIDDLE	Young	er
160. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES. C)	RMED FORCES?	212-10-7		17. INFORMANT Mrs. Audrey	Neser, 3130 Pau	lskirk	Dr.
18 CAUSE OF DEATH. Enter PART I. DEATH WAS CAUSE MAMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	SED BY: ATE CAUSE (6) DUE TO, O	R AS A CONSEQUE	Oron	- Oh 1	to 5 COP.	APPROBLEMENT OF THE PROBLEMENT	XWATE INTERVAL NONSET AND DEATH
DART 2 OTHER SIGNIFICANT	107_				UNAL DISEASE OF CONDITION (CIVENIINI DADI	

CERTIFICATION 190 DATE OF OPERATION

1 - STATE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20e AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

CITY OR TOWN COUNTY

STATE

PHYSICIAN DIRECTOR ATTENDING

LEVICKAS, M.D.

22a.1 certify that (1) (this hospital) attended the deceased from

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

DEGREE

Baltimore, Md. 21227 5hOh East Drive Baltimore,

"Maryland"

Burial Witzke, P.A.

230 BURIAL, CREMATION, REMOVAL

7/19/82

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

630 Edmondson Ave Catonsville, Md. 21228

23b. DATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

and Mental Hygiene

21 is marked ar Item 18

MPORTANT

THE MALE MALE BETT TO SEE SEE Indiana City Typherms House tel The state of the s design and the medite 255-13-12-6 The randomy House, all Brother 258 Merchant J. Lintlocks, H.J. Shou East Indv Belthmore, Md. 31227 Butter Company to the Control of the 1030 Accordant twe Categorithe, No. 21228 certificate has been signed by the ottending physician urial-transit permit. Then please remove carbon papers. P

should be detached for use as the buriol-transit permit. Then please remove is with the State Dept. of Health and Mentol Hygiene prior ta burial, cremotion,

morked or them 18 show

IMPORTANT: If Item 21 is

injury, or other troumotic

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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O	- 1	7	1

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.				
T.	DECEASED NAME FIRST		MIDDLE	-	AST	20 DATE OF DEATH	MONTH I	182	2b HOUR		
	JOH				08 IN		1.300				
3	SEX	4 RACE		5 DATE O		& AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS		
	Male	White	9	11	9 18	63	YRS.	DATS	MIN.		
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- MENER WARRIED TE	9 BALTIMORE CITY OR COUNTY OF DEATH					
	New York	U.S.		WIDOWE	D NEVER MARRIED	Baltimor	altimore City MD.				
10	CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING THE STREET A Memorial	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION 170 KIND OF BUSINESS INDUSTRY CAD					
11	SUAL RESIDENCE (IF MURSING HOME OF 13b COU) Md.		134 CITY OR TOWN Balto.		13d INSIDE CITY LIMITS? YES NO	2817 Mathe	ews St				
7 14	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		ŁAS	ī		
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECUR	RITY NO.	17. INFORMANT Geraldine Rec	ADDRE	ss 2817 lto.,	Mathe Md.	ws St.		
MOLL	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE METAS DOTRIBUTING TO D	NCE OF	acheria e Squamous		wotid DITION GIVI				
CEDITEICATION	1148 DATE OF OPERATION	IVE COND	ITION FOR WHICH (SPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?		
MEDICAL CER			M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 P	ARJ I OR PART 2)			
	121d. INJURY OCCURRED	21e. PLACE			211 LOCATION						
AAED	WHILE NOT WHILE AT WORK	(AT HOME STE	REET FACTORY OFFICE FA		STREET	CITY OR TO	WN	COUNTY	STATE		
O SWED	ALUITE NOT WHITE	tol) offended the	e deceased from_	7/3	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS AND MEDICAL STREET ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN		ite and hou	19 82	that (I) (we) last		

90 4BP______ BHMH-16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

Anatomy Board

Balto., Md.

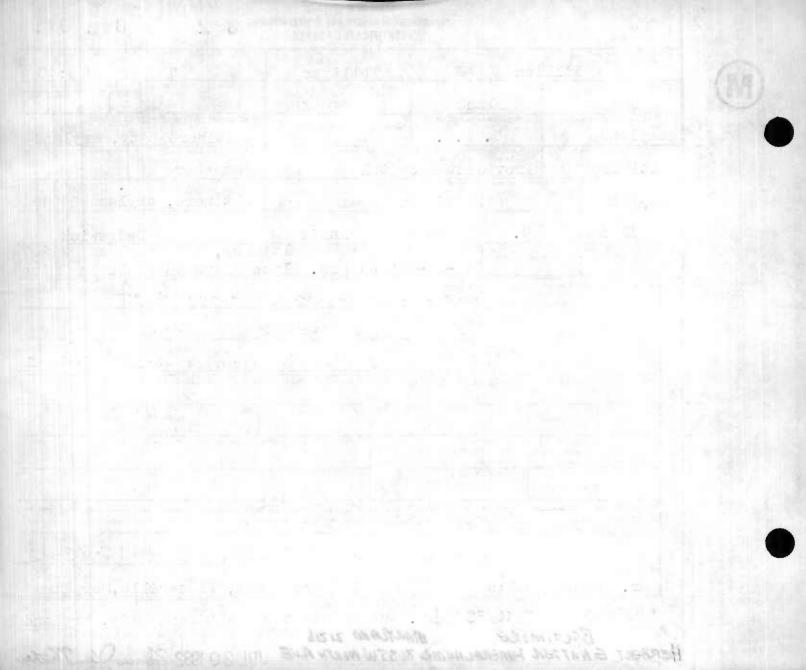
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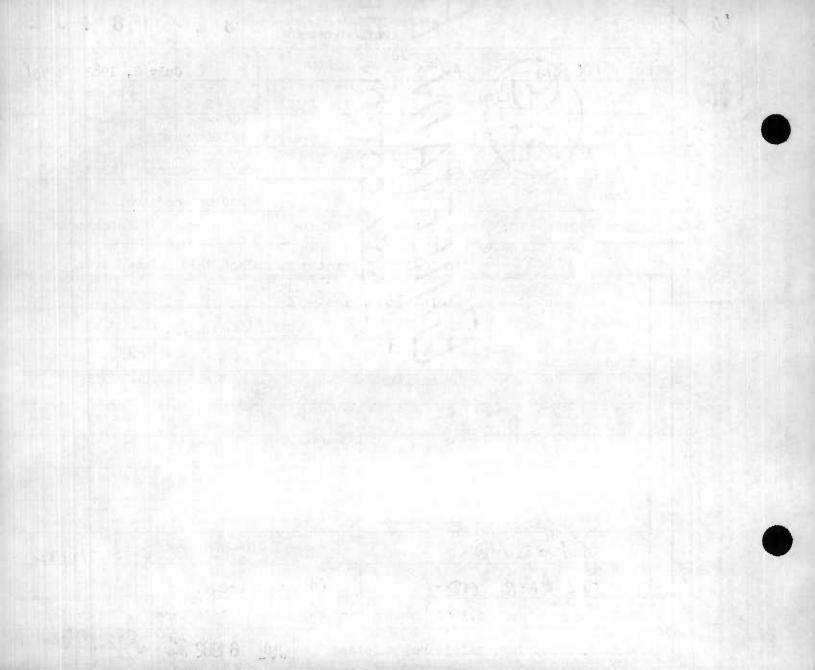
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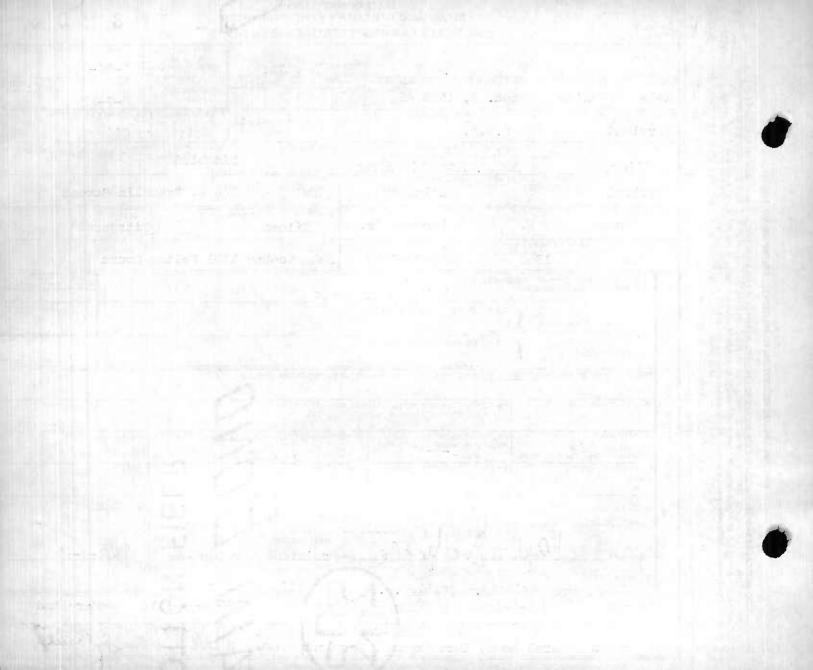
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



10 \$	FOR STATE REGISTRAR			DEPA	ARTMENT OF	E OF MARYLAND HEALTH AND MEN FICATE OF DEA	NTAL HYGIEI	NE 8 2		8 2	0 2
oy be	I. DECEASED NAMI	OLSON		TAM Fre	5	Tolson			Tuly 2,		1:40 PM
P A B	3 SEX Male	1/1/4/2	White		MONT	. 1, DAY 191	YE AR	AGE (IN YEARS LAST BI	YRS	FUNDER I YEAR	HOURS MIN.
nerol di	70 BIRTHPLACE (S		U.S.A.	VHAT COUNT	RY? 8 MARRIE WIDOW	NEVER MAR	RRIED 9	Baltimore CITY G		OF DEATH	MD
by the fu	Baltimo	re	Mercy	Hospi	RSING HOME (TREET ADDRESS) tal	OR OTHER INSTITU	TION 12	TO USUAL OCCUPATION OF WORK FOR MOST	OF WORKING LIFE	126 KIND O INDUSTRY Beth	F BUSINESS OR Steel
filled in hould be	Maryland	(IF NURSING HOME OR (OTHER INSTITUTION, C	DIVERESIDENCE B		13d INSIDE CITY	LIMITS? 13	e STREET ADDRESS	od Ave		
completely ond 2 sl	James FIRST	٨	AIDQC.	To.	lson	15. MOTHER'S MA Minnie		WIDDIE	Hei	sterha	gen
be execut	NOES, NO OR UNKNO	DEVER IN U.S. ARA	WAR OR DATES	166 SOCIALS 216-10	-6436	17 INFORMANT Dorothy	E. Tol	ADDR		d Ave.	
quires that the death certificate signed by the attending physical her please remove carbon paper to buriol, cremotion, or removal. highly, or other traumatic event, the	gove rise couse (0), underlying	if ony, which to immediate stating the couse lost.	(c)	AS A CONSE	QUENCE OF	eumori		Clebrick ALDISEASE OR COM		N IN PART TO	
The low recion. te hos been sist permit. The gene prior	19a DATE OF		1000		IICH OPERATIO	N WAS PERFORME		200 AUTOPSY?	IN CERTIFY YES		IGS USED OF DEATH?
HYSICIAN: ading phys is certifico buriol-tran Mental Hy or Item 18	OR CONTRIBUTION (IF EITHER NOT 21d. INJURY C	NOT WHILE	P.M 21e PLACE O	A. MONTH	19	21c. HOW INJUR	Y OCCURRED	CITY OR TO		COUNTY	STATE
OR ATTENDIN e hospital or a DIRECTOR: Aft iched for use o Dept. of Health if tem 21 is mor	sow the	that (1) (this hospite deceased alive an (we) (did) (did not		1		nd that in (my) (our DEGREE ATTE	NDING _	oth occurred on the d	late and hour		
O HOSPITAL etoined by the TO FUNERAL should be detoined by the Stote IMPORTANT. If	23a. BURIAL, CREMA	JCBA ATION, REMOVAL		1D	23(NAME OF C	22e ADDRESS Me	rcy !	tosp.	CIAN		100
/4/BP	BUTIA1		July 6,			Park Ceme		Baltimo	re	COUNTYMAT	
CHMH - 16 50M 1/81 (VRA 15, 4)		J. Ruck,	Inc. Ba	ltimor	e, Mary	land	JUL	6 1982 8	zercao	front h	



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. 11		OR TATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH										3
104,	_	EGISTRAR	FIRST	WEI	MIDDLE	AEK.2	CERTIFIC	ATEOFD	EATH	REG. NO			
1		OR PRINT)			WIDDLE		2001		OF	KNOWN []		DAY YEAR	26. HOUR
-			JAM		W.		OHEY ,	JR.		MATED XX	7-31	-829	М
	SEX		ACE	S. DATE OF BIRTH	1936 45	EARS IF U		F UNDER 24 H	RS. 2c. DATE PRONOUI		MONTH	DAY YEAR	14: 73P
-	Ma		hite	Sept. 3,		rRS.			DEAD			-82 19	M
1	BIF FOR	THPLACE (STATE	OR	76 CITIZEN OF WH	IAT COUNTRY?	8. MARI	RIED NEVE	R MARRIED X	9. BALTIN	AORE CITY O	COUNTY	Y OF DEATH	
-		ryland		U.S.A.		WIDO		DIVORCED (.timore			MD.
1	CIT	Y OR TOWN OF I	DEATH		PITAL, NURSING HOM	E, OR OT	HER INSTITUTION	ON 120	Disabi		OF WORK	OR INDUST	ISINESS
1		ltimore			ranklin St				DISADI	ea			
1		RESIDENCE (IF IN	13b COUN		130 Baltimor		13d INSIDE CITY	LIMITS? 13e	366 apri	Frank.	lin S	treet	
ħ	4. FA	THER'S NAME						'S MAIDEN NA	AME 3MA				
1		FIRSTames		W.IDDLE	Tooney,	Sr.	Ei	leen	٨	F j	itzge:	ralď	
T	6a. W	AS DECEASED EV	ER IN U.S. AR	MED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMA	ANT		ADDRESS			
L	(YE	Yes	I IF YES, GIVE	62	212-34-95	95	John '	Toohey	1301 F	elton (Court		
F	T	18 CAUSE OF DE	ATH (Enter on	lly one cause per line	for (a), (b), and (c).)							APPROXIMAT	E INTERVAL
-		PARTIDEATH	WAS CAUSE	D DV	Multiple st	abwo	unds					BFTWFEN ONSE	T AND DEATH
		456	MMEDIA	IE CHOSE (0)	AS A CONSEQUENCE				F 1-10	in .			
REMO		Conditions, if any, which gave rise to immediate (b)											
	7.1		ta_immediate ting the <u>under</u> -		AS A CONSEQUENCE	OF							
	3.	lying couse lo	ost.										
1		PART 2 DINER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH I	PUT NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION (GIVEN IN PART 1 In					
П	Z												
1	ATK	190 DATE OF OP	ERATION	19b CONDIT	ION FOR WHICH OPE	RATION	WAS PERFORM	ED?	,			2D AUTOPSY	?
	IFIC											YES **	№ П
1	CERTIFICATION	210 EXTERNAL C		21b JIME OF	INJURY		HOW INJURY C	OCCURRED LEN	ITER NATURE OF IN	JURY IN ITEM 18 P.	ART I OR PAR		
1		UNDERLYING X		HQUR A.M DEATH P.M	80NTH 82Y YEA		1 (1. (1						
1	MEDICAL	21d INJURY OCC		21e PLACE C	FINJURY (ATHOME.	211 1	Lf/infl	LICTED					
	ME	WHILE AT WORK	OT WHILE [STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TO	WN	COU	MTY	STATE
1									1				
	71	22a I certify th	ot I took chore	ge of the remoins des	ribed obove, held an	Parameter options		Inspection	, Inquiry	LJ, one	d in my api	nion	
1		death resulted for	rom: Notu	ral couses	Accident . S	uicide X	X Hamicio	de Ur	ndetermined m	onner,			
П		ACTUAL	Wo	lula Za (A	. U a.		TITLE (SPE				DATE		
ł		SIGNATURE	"W	Marco AM	4 mile		M. Assist	tant	MEDICAL EXAM	MINER	SIGNE	8-3-82	
1		EXAMINER'S NA	ME										
T		(TYPE OR PRINT)	-Marc		Korell, M.D.		ADDRESS_1						
2	30.BL	RIAL, CREMATION PEC Burial	N, REMOVAL	23b DAJE 8-9-1982	23c NAME OF CE Dulane	y Va.	OR CREMATOR	RY 23	Cockey	sville	COUNT	Marylar	n d
-									7	-			
- 1		NERAL DIRECTOR		ADDRESS		-	210010	O. DATE REC'D	9 1982	AR ZSI GIS	TRAR'S SI	GNAURE	
E	<i>(uc</i>	k Towson	Funera	al Home, I	nc. Towson	, Ma	ryland	AUG	J DUL	John	~	- 04-1040	7
										-			



3331 Brehms Lane, Balto. Md. 21213

- STATE

(VRA 15. 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

low seed a comment

10 < 113		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		IENE 8 2	8 2 0 5
m ist		DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nu 🎉	-	. SEX KATHT	EEN S	TOWNSEND 15. DATE OF BIRTH		6 AGE HAVEARS LAST BRIDGES	82 UNDER LYEAR OF UNDER PARTS
	ľ			MONTH DAY	YEAR		MONTHS DAYS HOURS MIN.
	99	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MARRIED LENEVER	R MARRIED -	9. BALTIMORE CITY OR COUL	NTY OF DEATH
	33	O CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPK	NG HOME OR OTHER IN: TADDRESS)		BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	CITY MD. 12b. KIND OF BUSINESS OR INDUSTRY
DOLAN DOLAN DOLAN State be executed within 24 hours system and completely filled papers. Pages 1 and 2 should be wall.	25	JUAL RESIDENCE (IF NURSING HOME O 30. STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE	CITY LIMITS?	13e. STREET ADDRESS SEVEN MATH A	NE.
N N N N N N N N N N N N N N N N N N N		1. FATHER'S NAME FIRST	MIDDLE LAST		R'S MAIDEN NAM		LAST
AN uted w	70	TEWTS	STARR RMED FORCES? 166 SOCIAL SECI	INTERNAL DESCRIPTION OF THE PROPERTY OF THE PR	NETTIE	ADDRESS	EPI ING
DOI be exect of and	3		IVE WAR OR DATES)		LEEN TO		ABOVE
, BAL reate reate paper aval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	inly ane cause per line for (a), (b), or ED BY:	nd (c).) ENTRICOLA		1 10 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DR. V he death certific he offending ph martin, or recogning martin, or		4240 IMMEDIA	DUE TO OR AS A CONSEQUE	ENCE OF	1	LURR.	20 VOM S
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(6)	enclosof lac		esse	30 YEARS
**DS, 20 - ME. - quires the signed Then ple to burion prints, or minry, or			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	ED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
VITAL RECORDS, 201 W. (D NON—MED N: The low requires that to system. Viscien has been signed by to constituent. Then please refuges to the system of the	2	190. DATE OF OPERATION 7-12-82 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OSULSI (1)	-	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \)
			HOUR A.M. MONTH D	YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	
ELEASE ING PHYSICIA r attending pl After this certif as the burial-t ith and Mentail		WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET FACTORY, OFFICE.	211. LOCAT		CITY OR TOWN	COUNTY STATE
RE TTENDIN prital ar TOR: Africa as Health		saw the deceased alive ar	n 2 / 2 19	\$2, and that in (m)	1957 (our opinion o	to 7/2	hour and from the causes stated
TAL OR A yy the hos y tal DIREC detached tote Dept		22b. SIGNATURALION	nhur as	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 7-17-87
HOSPI orined b FUNE ould be th the S		A, M. R	ORPRINT)	22e ADDRE	-	Hopkins 6	tosP. Fal
₽ ₽ ₽ € § ₹ BP	2	30. BURIAL, CREMATION, REMOVAI (SPECIFY) REMOVAL	23b. DATE 7-12-82	NAME OF CEMETERY OR	R CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	2	4. FUNERAL DIRECTOR NAME Anatomy Board o	f Md. Baltimor	e, Md.	250. DATE	REC'D. BY REGISTRAR 25 PEC	

3//	1	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
2 540		CEASED NAME FIRST EDGAR		omas		rasi raum		ONTH DAY	YEAR 82	26 HOUR 6:30 PM		
	3 SE	MALE	1 RACE Cauc	easian	MONT	1	6. AGE (IN YEARS LAST BIRTHE	YRS.	INDER 1 YEAR			
D	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF		ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		DEATH	AAD		
S off	10. C	Balto.	11. NAME OF	HOSPITAL, NU	JRSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	HODRING HEEL	INIDITIETRY	OF BUSINESS OR		
n 24 hour	130	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP Md.	OTHER HAZITIONOM	13t. CITY OR Balt	10WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6404 Hart			@ 212b		
completely ond 2 s		Edgar	MIDDLE	Traum		15. MOTHER'S MAIDEN N Alice	Lula MIDDLE	Cu	ster			
be exection and c		YES, NO OR UNKNOWN) (IF YES, GIY	MED FORCES? E WAR OR DATES)		30 0454	II. INFORMANT Elizabeth	Baker, 415	Trap				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN. The low requires that the death certificate be executed within 24 hours rattending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pager and 2 should be fit than Amental Hygiene prior to burial, cremation, or removal. or tem 18 shows any injury, or other traumatic event, the medicolegyanger hustibe in acked or team 18 shows any injury, or other traumatic event, the medicolegyanger hustibe in a corked or team 18 shows any injury, or other traumatic event, the medicolegyanger hustibe in a corked or team 18 shows any injury, or other traumatic event, the medicolegyanger hustipe in a contract of the core o		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate couse (a), stailing the underlying cause last.	D 8Y: TE CAUSE (a) DUE TO, O (b)	CAT R AS A CONS	EOUENCE OF	CARCIN	ond or Lu	v.		IMATE INTERVAL ONSET AND DEATH		
KUS, 201 squires the signed to the pleo to burnol, or o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN	IN PART 10	01		
AL RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	NOL IF YES, W N CERTIFYIN YES	ERE FINDIT G CAUSES	NGS USED OF DEATH?		
PHYSICIAN: T ending physici this certificate te burial-fronsi ad Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH	BAY YEAR	?Ic. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	NITEM 18 PART 1	ORPART 2)			
NG PHY ottendir fter this os the bu	MEDICAL	21d INJURY OCCURRED WHILE OT WHILE OF AT WORK	21e. PLACE ((AT HOME, STR		FICE, FARM ETC)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE		
ATTENDI Supplied or ECTOR: A d for use 1. of Heol		22a.1 certify that (1) (this hospi saw the deceased alive on abave, (X (we) (did) (X or X			1982		, to 2/5/ n death occurred on the date	and haur on	82, d from the	that (IV (we) last causes stated		
Spiral OR do by the hone NERAL DIRE be detached be detached it ANT: If the		22d PHYSICIAN'S NAME LIVER OF	ntw	She	on!		MEDICAL STAFF DIRECTOR PHYSICIA	NO	22c. DATE	SIGNED		
TO HOSP retained to TO FUNE should be with the S		CONSTANTINE		W.			aven Blvd. Ba	eto. N	D 212	18		
BP		urial, cremation, removal specify) Burial	7/9/8	2		wille Vet.	Crownsv			STATE		
0FMH - 16 50M 1/81 (VRA 15, 4)	Z	ineral director ann'ino Funers	1 Home	, 269	ssS. Co	nkling 250 D	TE REC'D. BY REGISTRAR 251	REGISTRAR	SIGNAL	Westher !		

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marked or He

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

٠.	REGISTRAR				CERTIFI	ICAIL OI	PERIII	R	EG. NO.		
	I. DECEASED NAME	FIRST		WIDDLE		AST		20. DATE OF DEA		DAY YEAR	2b. HOUR
		Anna		М.	TR	UNKA		July	26, 19	82	12:16 M
	3. SEX		4 RACE		5. DATE O			6. AGE (IN YEARS	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Н	Female		White		May	1, 191	4 YEAR	68	YRS.	MONIHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVE	MARRIED -	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
2	Md.		USA	1	WIDOWE	-	DIVORCED [Baltim	ore Cit	у	MD
	10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN				12a USUAL OCC			F BUSINESS OR
5	Baltimore	2	Mary	and Gene	ral H	ospita	1	Epsteins			ales
-	USUAL RESIDENCE (# N	URSING HOME OR		GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e. STREET ADD	RESS		
7	Md.			Baltimore		YES X	NO [easant A	ve.
	14 FATHER'S NAME		MIDDLE			15 MOTHE	R'S MAIDEN NA				
C	Joseph		Ka I	bfleisch		M	ary	MIC	A SIDO	Rodder	51
	160 WAS DECEASED EV			16b. SOCIAL SECU	RITY NO.	17 INFORA	ANT		ADDRESS		
H	no or unknown)	(IF YES, GIV	E WAR OR DATES)	213-10-74	443	Mr. J	oseph F	. Trunka	253 Tra	ppe Rd.	21222
1	18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), (b), and		3.11				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSE	D BY: TE CAUSE (o)	Cardiop	ulmon	ary a	rest			- 1	
H	4100)	DUE TO O	R AS A CONSEQUE	NCE OF						
	Conditions, if a		((b)_	Acute M	yocar	dial	nfarcti	on			
	gove rise to couse (a), sto		DUETO	r as a conseque	NCE OF		311111				
	underlying ca	use lost.	(10)	K AS A CONSCOOL	INCE OF						
		IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATI	D TO THE TERM	NINAL DISEASE OR	CONDITION G	IVEN IN PART 10	a
	Z DATE OF OPE										
	S 190 DATE OF OPE	RATION							ES, WERE FINDIN		

216. TIME OF INJURY

July

21e PLACE OF INJURY

26

HOUR A.M. MONTH DAY YEAR P.M.

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY

YES T

STATE

NO [

220 Certify that (X (this hospital) attended the deceased from sow the deceosed alive an JULY 26 above, (X (we) (did) (did (X X view the bady after death. 22b. SIGNATURE

ACCIDENT WAS UNDERLYING

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER

July

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (mg) (our) opinion death occurred on the date and hour and from the causes stated

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c. DATE SIGNED 7/26/82

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

FOR - STATE

Charles Ridley, M.D.

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

c/o Maryland General Hospital

23d. LOCATION

230 BURIAL, CREMATION, REMOVAL Burial

Moreland Memorial

Baltimore

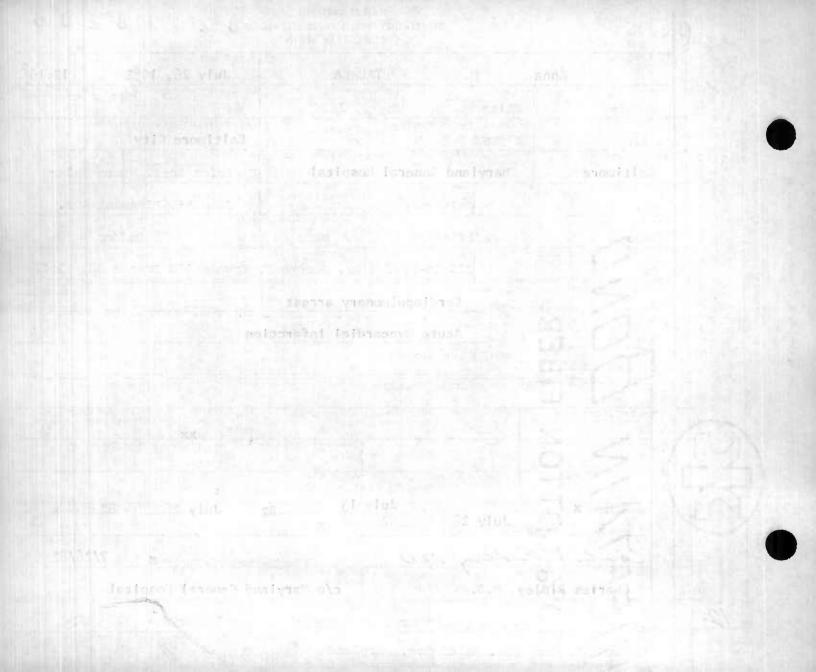
COUNTY Md. STATE

Leonard J. Ruck Inc. Baltimore, Maryland

23b DATE

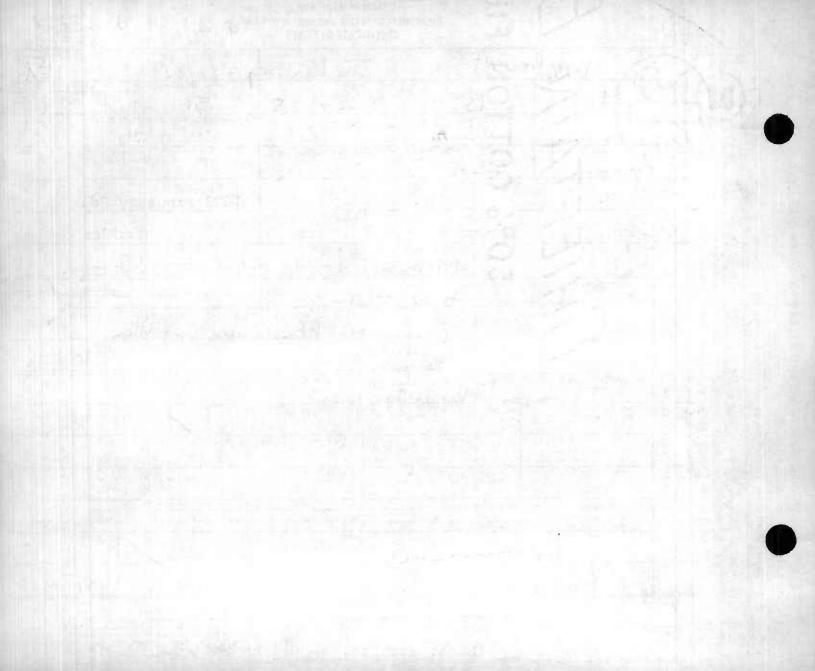
REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been MPORTANT DHMH - 16 50M 1/81 (VRA 15, 4)



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😡



									MARYLAND					
1/			FOR STATE						H AND MENTAL H	YGIENE		8	21	0
10			REGISTRAR			MED	DICAL EXAMIN	IER'S	CERTIFICATE O	F DEATH	REG. NO).	Ocus .	
			CEASED NAME	FIRST			MIDDLE		LAST	2a. DATE	KNOWN X	MONTH	DAY Y	EAR 26 HOUR
200	SANSE.	(137		Joseph		Mic	chael		Turlington	OF DEATH	MATED	7		82 "
1	SOE SE	3. SE)		4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEAR LAST BIRTHE	ARS IF U	NDER 1 YR. IF UNDER	24 HRS. 2c. DAT		MONTH	DAY	YEAR 2d. HOUR
	ASSET)		ale	White	Feb.		5, 54 28,	RS.	THS DAYS HOURS	DEA		7 16	19	82 8:30
-			RTHPLACE (ST	ATE OR			IAT COUNTRY?	8. MARE	RIED NEVER MARRI	ED 9. BALTIA	MORE CITY O	mage:	OF DEAT	н РМ
•	S S S S S S S S S S S S S S S S S S S	B	ethesd		U.S			WIDO	WED DIVORC	ED 🗆 Balt	imore	City		MD
	O CERRES		TY OR TOWN (IE NOT IN	SUCHEAD	PITAL, NURSING HOM			12a USUAL OCCU		OF WORK	26 KIND C OR IND	OF BUSINESS OUSTRY
	B08#450		Baltimon		Ur	nive	rsity Hosp		STU					
21201	1. ANY DE 3. RETAIN SHOULD HALRECOFF	Ma S	NL RESIDENCE (TATE VId.	LINE COLL	or other institution of the contract of the co		136. CITY OR TOWN Germanto		T3d_INSIDE CITY LIMITS?	13° STREET ADDR	warri	or B	rook	Dr.
MD.	A. F. A.		THER'S NAME			0			15. MOTHER'S MAIDE	N NAME				
	PM 3. ND 2 SI) 1	Phomas	Eve	erett		Turling	ton	Della		MIDDLE	Fi	ttro	W
AOM	A A A A A	16e. V	VAS DECEASED	EVER IN U.S. AF	RMED FORCES	?	16b. SOCIAL SECURIT		17 INFORMANT		ADDRESS			
BALTIMORE	URS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM II. PAGES 1 AND 2 DIVISION OFWITA		ES, NO, OR UNKNOW		E WAR OR DATES)				Della F.	Turlin	gton	Colt		
;	DUR 18. 18. MIT. E, DI	?	18. CAUSE OF	DEATH (Enter of	inly one cause p	per line	far (a), (b), and (c).)						BETWEEN	ONSET AND DEATH
PRESTON ST	24 HOUI ITEM 18. LONG W PERMIT. GIENE, D		841	5 IMMEDIA			ple injuri				100			
TEST	WHY AND THE		Condition	s, if any, which		O, OR	AS A CONSEQUENCE	OF					313	
4	NCII INEI RAP RRE		gave ris	ta immediat	e / (b)		16.1.60116-01-01-0							
201 W.	XAMEN ARI-1		lying caus		DOE	O, OR	AS A CONSEQUENCE	OF						
	NNO NE E		PART 2 OTHER SIG	MIEICANT CONDITION	CONTRIBUTING TO	OCATN B	TO THE TEN TO THE TEN	IIIII OKTA	SE OR CONDITION GIVEN IN PAI	DW 1				
DIVISION OF VITAL RECORDS,	SA B SA B SA B SA B SA B SA B	N	THE TOTAL ST	MITCHAIL CONDITION	, contributing it	JULAIR	OF ROT MELATED TO THE TER	MINAL DISEA	SE OR COMMITTUR GIFTER IN PAI	KI 1 (a).				
E	HEA A	CERTIFICATION	19a. DATE OF	OPERATION	19b. C	ONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?				20 AUTO	PSY?
ITA	SE S	TE											YES	X NO [
JE V	W HE HE OBE	W W	21a. EXTERNA		2 Tb. T	IME OF	INJURY MONTH DAY YEA	21c. H	IOW INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART	2)	
NO	SHOOT S	3	UNDERLYING CONTRIBUTION	☐ OR IG ☐ CAUSE OF	DEATH 6:	20PM	7/16 19 8	2 Pi	lot in airc	craft cra	sh			
/ISI	ERT ING ED 1 3 SH PRIC	MEDICAL	21d INJURY O				OF INJURY (AT HOME,		CATION				rede	rick Co
ā	WRIT WARD WARD WARD WARD	*	AT WORK	NOT WHILE AT WORK	C	ornf	ield	1/	2 Mi E.of F	rederick/	Airport	,Fred	leric	<, MD
	ATE. ORV D.		22a. I certif	y that I took char	rge of the rema	ins desc	ribed abave, held an	Autap	osy XX. Inspection	n . Inquiry	, and	in my api	nian	
-	WHEN THE		death resulte	d fram: Non	ord causes]	Accident XX Si	ucide	, Hamicide .	Undetermined m	ignner .			
	DIE NAMA	-	A CTUAL	11	The	n)—		TITLE (SPECIFY)			-125		
	#5## —		ACTUAL SIGNATURE_	V	10			^	A.D. <u>Assistant</u>	MEDICAL EXA	MINER	DATE		/17/82
	TO AEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 P. EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNE AND DISCUSSION PROPERTY OF THE CHIEF MEDICAL EXAMINER ALON BAFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF BALTIMORE, MARKAMAD, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		EXAMINER'S	NAME	Hormez	R. 0	Guard, M.D.		ADDRESS 111 Pe	nn Stree	t,Balto	.,MD	2120	1
	PATO PATO —	23a.B	-	ION, REMOVAL	23b DATE		23t. NAME OF CE	METERY		23d LOCATION	STOCKEDY C.	cy ar chia	~	*****
	BP	1:	Buria	1	Julv21	.10	982 Chas.	Men	n. Gardens	Leonar	dtown	St.	Mary	s Md.
	DHMH - 17	24. F	UNERAL DIREC	OR					250. DATE F	REC'D BY REGISAR	AR REGIS		WARRE .	
	(VR A15 ME (5))	W	Clar	ke Mat		ADDRESS	Leonardto	wn.	1111	46 1306	1	01		
	2044 4 / 92		- 0201		121026	-41 -		/-						

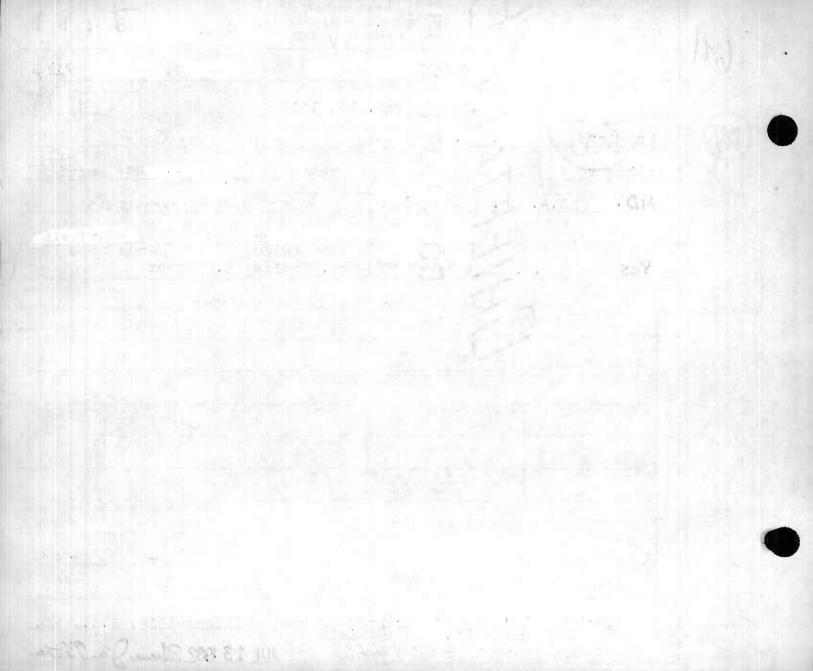
of the control of the

Singleton Funeral Home

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



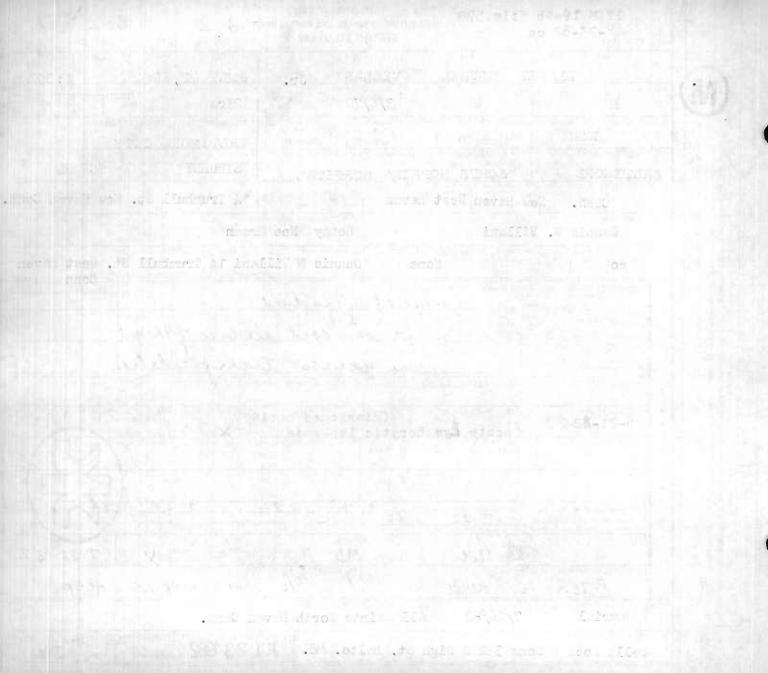
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1								ARYLAN					-	13		40
1		FOR STATE REGISTRAR				MENT OF I				F DEA	TH	REG. NO	8	2	1	3
		CEASED NAME	FIRST		MIDDLE			LAST		2	o. DATE K	NOWN [3		DAY	YEAR	2b. HOUR
100	(14)	PE OR PRINT)	Samu	el			U	lmphre	У		OF DEATH /	MATED [7	7 19	82	M
وال	M. SE		RACE Black	5. DATE OF BIRTH	YEAR 25	6. AGE IIN YEA LAST BIRTHDA	Y) MONTH	DER I YR.	IF UNDER		RONOUNG DEAD	ED	MONTH 7	7 1	982	7d HOUR 11:16 a M
25	7g B	RTHPLACE (STA	TE OR	76. CITIZEN OF W				ED NE	VER MARRI	ED 🖅	BALTIMO	RE CITY C	OR COUNT			-
2		M.	D	U	SA		WIDOW		DIVORCE		Balti	more	City	,		MD
0	10 C	Baltimo		III. NAME OF HOS	CHITY, GIVE ST	REET ADDRESS)	, OR OTH	er institut	TION		ALOCCUPA OST OF WORKS		E OF WORK	12h KIND OR II	OF BUS NDUSTR	
5		TATE	136 COUN	OR OTHER INSTITUTION, GI	13c. CITY	OR TOWN		13d. INSIDE CI	TY LIMITS?		et addres	s rgyl	O 7.			
5	14. F/	MD ATHER'S NAME FIRST		MIDDLE		ltimoi last	re	15. MOTHE	R'S MAIDE		MID.		e Av	LA	ST	
-	16a. V	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. 5OC	IAL SECURITY	NO.	17. INFORM	AANT			ADDRESS		-		
1	{Y	ES, NO, OR UNKNOW	N) IF YES, GIVE	WAR OR DATES)		-14-2		Andr		ista	r 11			de I	01=0	10
		gove rise couse (a) s lying couse	, if ony, which to immediate toting the <u>under-</u> elost.	(b)	AS A CON	ISEQUENCE (OF OF									
2	NOI								1	KI 1 (a).	115					
2	PIFICATION	190. DATE OF C	PERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W.	AS PERFOR	MED?						TOPSY?	KJ ON
23	CAL CERT		OR G CAUSE OF	DEATH P.M	I. MONTH	DAY YEAR)W INJURY	OCCURRE	D (ENTER NA	ATURE OF INJUI	RY IN ITEM 18 F	PART I OR PA	RT 2)		
	MEDICAL	WHILE AT WORK	NOT WHILE C	21e PLACE (OF INJURY TORY, FARM, E			CATION TREET		1	CITY OR TOWN	٧	col	UNIY		STATE
		22a. I certify deoth resulted ACTUAL SIGNATURE	that I took charged from: Natur	ge of the remains de- rol couses X,	Accident		Autops	, Homic		Undeter	Inquiry [ner .	DATE SIGNE	₅₀ 7,	/7/8	2
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 0 1	10.0	EXAMINER'S N	T)	rginia L.				ADDRESS_		Penn		Ва	Ito.,	MD.		
	230.8	Buri	ON, REMOVAL	7/16/82		AME OF CEA	on (781	Ва	ATION R TOWN	ore	COU	NTY	MD STA	TE 3T
	24 F	UNERAL DIRECT		ADDRESS					25a. DATE R		REGISTRAR		ISTRAR'S S			
S))	V	Vm. C.	March			Nort	h A	ve.	11	11 13	5 1082	7	1	Yan ?	Parti	See
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS ERNESTINE M. VINSON JULY 18,1982 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 2^{YEAR} 15 Female Black 55 To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY USA N.C. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY Baltimore 130. STREET ADDRESS 13d. INSIDE CITY LIMITS? MD Madison St. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ora James Alston Johnson DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 215-22-465\$ Joyce Warren 5226 Linden Heights No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: arres IMMEDIATE CAUSE (a) C. C. VOLLE 20 minu DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 84081 gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 101 ACIDOBIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION prio 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceosed fram saw the deceased alive on abave, (I) (we') (did not) view the bady after deat , and that in (my) (aur) opinian death occurred an the date and haur and from the couses stated SIGNATURE DEGREE 22c. DAITE SIGNED ATTENDING MEDICAL DIRECTOR STAFF PHYSICIAN PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should b IMPORT, 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MDATE Crownsville 7/23/82 Md. Veteran Cem. Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAM DHMH-16 30M 2/80 1101 ADE: North Ave. (VRA 15, 4) Wm. C. March F/H appreso

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDOLE

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

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COUNTY STATE

(my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

Prway Bult 21218

Va. Lunenburg

24 FUNERAL DIRECTOR Witzke P.A.

1630 Edmondson Avenue, Catonsville, Md.

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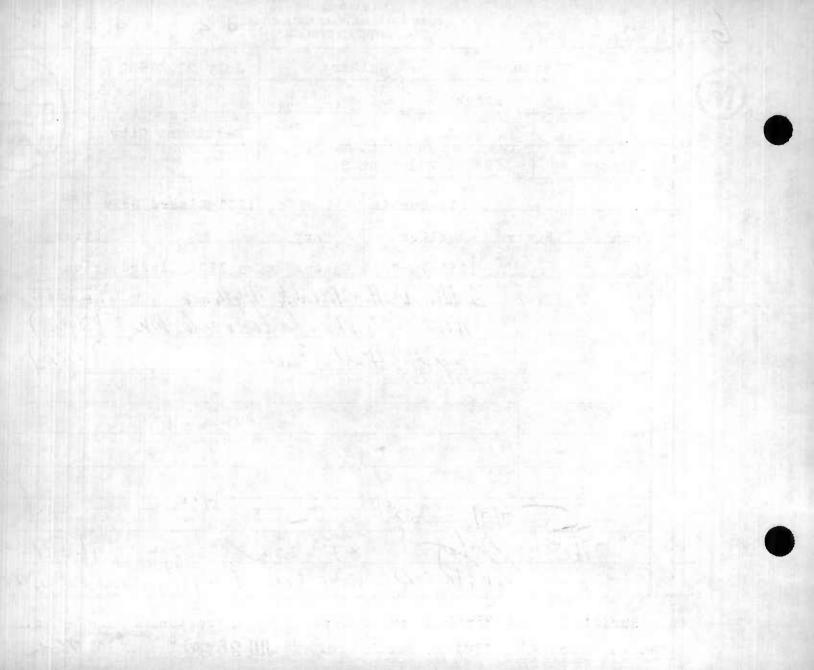
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

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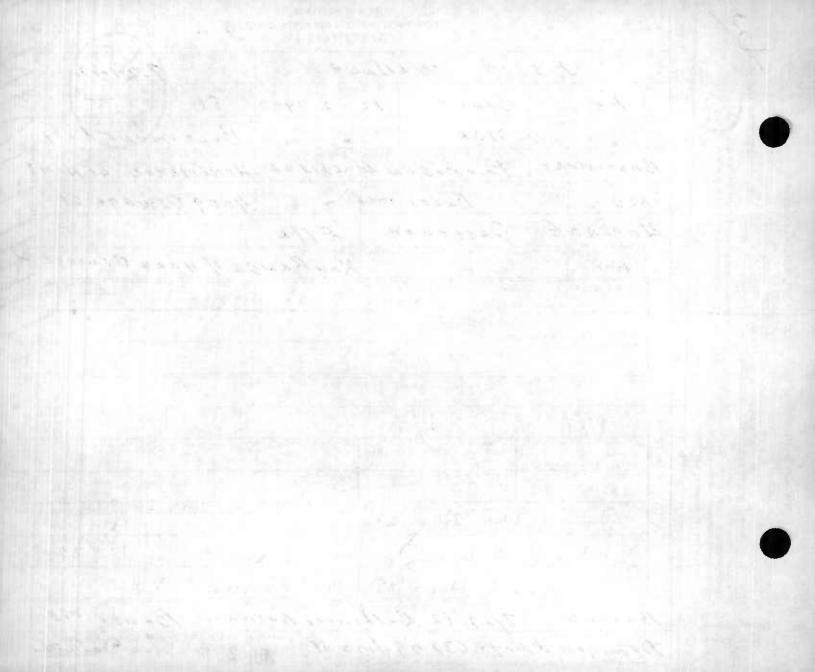


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH" REGISTRAR REG. NO 1. DECEASED NAME KNOWN X MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 24 1982 Waiker James LISEX 4. RACE AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2 c. DATE 19 LAST BIRTHDAY PRONOUNCED 5:14 Male B 1982 1491 DEAD 24 n. 9. BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Md. USA WIDOWED Baltimore City DIVORCED GIVE PAGES 1, 2, AND 3 TO THE INTERPRETATION PAGE PAGES IVAND 2 SHOULD BE FILE IVISION OFVITAL RECORDS, 201 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Bon Secour Hospita FOR MOST OF WORKING LIFET OR INDUSTRY Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b. COUNTY 13c. CITY OR TOWN 33d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto Md. NO [Fulton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Rosa Reeds lane 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** DIVISION (YES, NO. OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 216-52-2681 N. Fulton Rosa Walker 1013 NEW PENDINGS. IN PENCIL IN TEM 18. GIVEN THE MEDICAL EXAMINER ALONG WITH USED AS A BURAL FRANSIT PERMIT PAGO F HEATTH AND MENTAL HYGENE, DIVISI JRIAL, CREMATION, OR REMOVAL. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple stab wounds IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CENTIFICATE, WRITING THE WORD, WE ASSESSED TO THE CHIEF SECOND BE FORWARDED TO THE CHIEF SECOND BE THE STATE DEPARTMENT OF HE DETAIL WITH STATE DEPARTMENT OF HE YES X NO [21n FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 24,0 82 CONTRIBUTING CAUSE OF DEATH 12:25 Subject stabbed 211. LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK 900 Bik. N. Caihoun St.. street BaitimoreCity. AT WORK CERTIFICATE, Autopsy 220. I certify that I took charge of ove, held on Inspection Inquiry and in my opinion Hamicide X Undetermined manner death resulted from TITLE (SPECIFY) Deputy Chiefedical EXAMINER DATE SKINATUR Thomas D. Smith, M.D. III Penn St. Baito., MD EXAMINER'S NAME TYPE OR PRINT 23a BURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 129 182 Auburn Cem. Buria Westport 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** A. Rice FSPA 1300 Eutaw Pl. (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

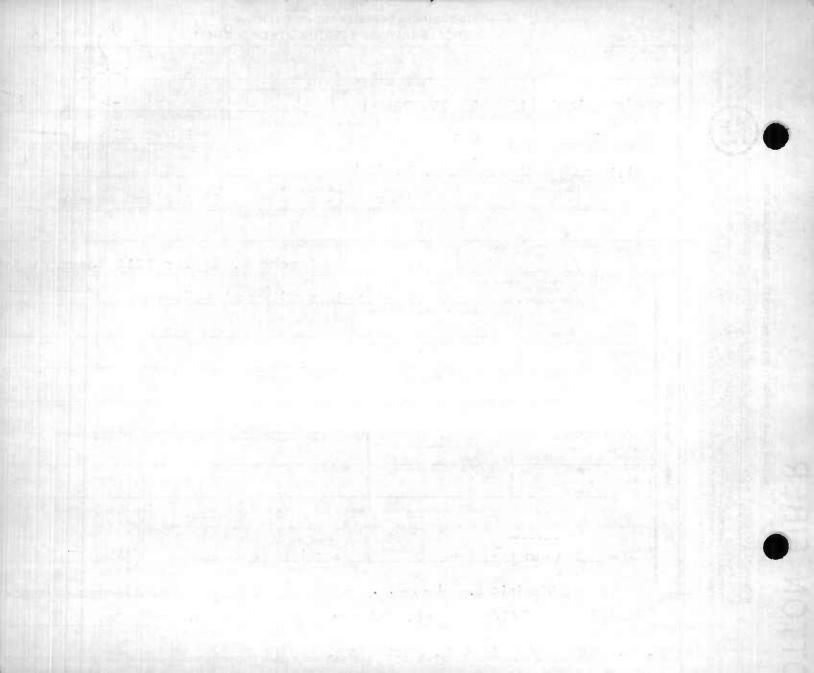
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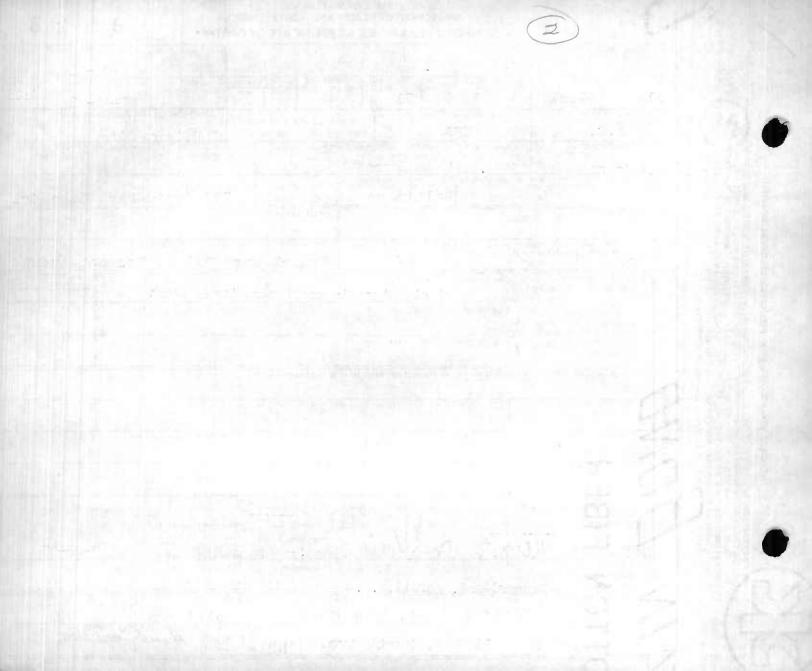
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RDS, 201 W. PRESTOR equires that the death a signed by the attend Then please remave ca r to burial, cremation, a		DUE TO, OR AS A SEQUE CONDITIONS CONTRIBUTING TO D	NCE OF	LINAL DISEASE OR CONDITION GIV	10 Y. VEN IN PART 1:0
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir - attending physician. After this certificate has been signs of the burial-transit permit. They as the burial-transit permit. They have a mortal Hygiene prior to be the and Mental Hygiene prior to be orked or them 18 shows any injur	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
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HOSPITAL OR med by the h FUNERAL DIR. July be detoched the State Department of the State Department if the State Department in the State Department of	226 SIGNATURE	a rua	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	7/7/82
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH 2h HOUR (TYPE OR PRINT) WARD ELIZABETH DEATH MATED SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 10,26 7-4-82 19 DEAD Black 10 25 05 7 Female 76 YRS A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED X DIVORCED MD O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 112b, KIND OF BUSINESS Johns Hopkins Hospital RESIDENCE BEFORE ADMISSIONS 30 STATE Baltimore 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1413 Ashland Avenue MD YES X NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS HE YES, GIVE WAR OR DATES Blanche K. Taylor 1212 Beaumont Av No N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAULTIMORE, MARYLAND, 21201 P STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 7-4-82 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Dolan, M.D. (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 7/8/82 Mt. Calvary Cem. Baltimore Co. MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. (VR A15 ME (5)) C. March F/H 20M 4/B2



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BALTIMORE, MD. 21201	Secretary	160. \	WAS DECEASED (ES, NO, OR UNKNO NO	DEVER IN U.S. ARI	MED FORCES? WAR OR DAYES	16b. SO	N/A	TY NO.	Beul		ard 2	ADDRES		ont Av	enue
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•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 31 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		death resulted ACTUAL SIGNATURE EXAMINER'S	name	ge of the remains de- ral couses XX	Accident	you	Autop uicide	TITLE (SPE	tant	UndetermineMEDICALE	d monner	DATE SIGNI		2
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12

CERTIFICATE OF DEATH

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2b. HOUR

IF UNDER 24 HRS

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FOR

REGISTRAR

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BP DHMH - 16 50M 1/B1 (VRA 15, 4)

INDUSTRY Thomas Run Rd. part 2. Other significant conditions contributing to peath but not related to the terminal disease or condition given in part 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE , that (I) (we) last and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 353 DG ML

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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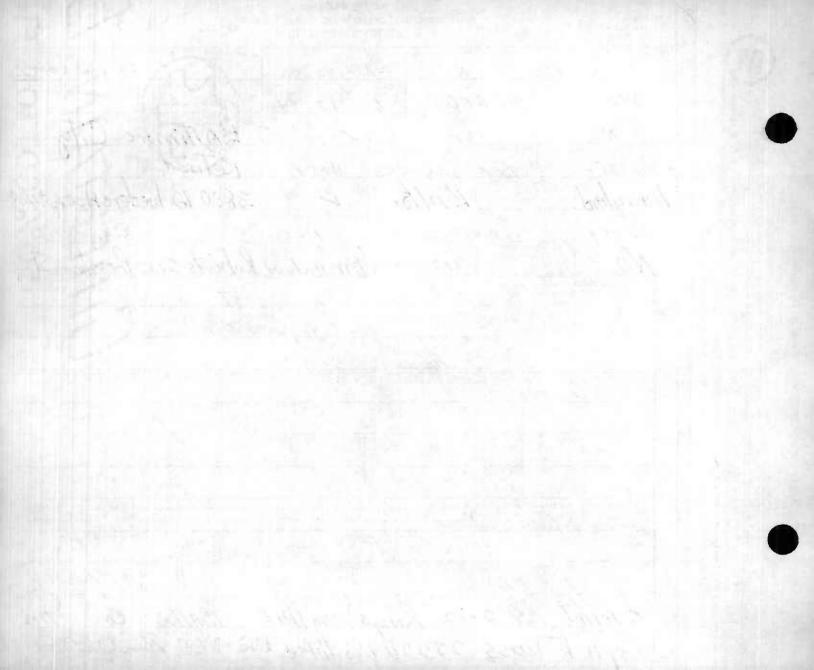
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The state of the s	CERTIFICATION	4017	26			
4 1 1 1	3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
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11217	1 %	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	
11171		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
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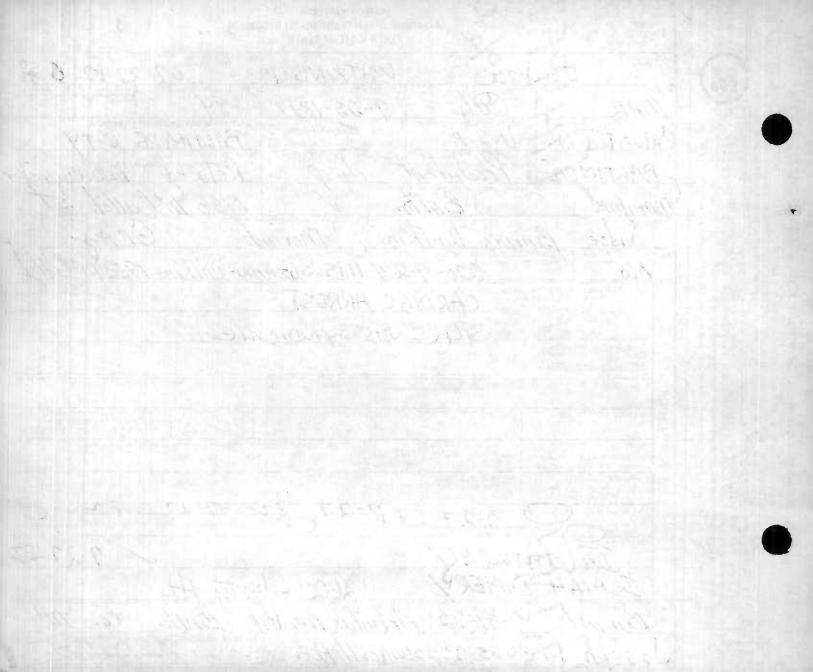


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-21 1982 DEATH MATED X Urna Washington 4. RACE 5. DATE OF BIRTH AGE (IN YEARS **MF UNDER 24 HRS** 2 HOUR DATE DAY YEAR LAST BIRTHDAY PRONOUNCED Black 99 83 1982 Female DEAD a M YRS BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED Baltimore City Tenn. DIVORCED 2, AND 3 TO THE PU 3. RETAIN PAGE SHOULD BE FILED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS 3502 Grantiey Road Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY Baltimore 3502 Grantley Road VITAL, 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Alexander Alums Katherine Evans 17. INFORMANT ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 18. Gr. 3. WITH FOR. 11. PAGES 1 LYES NO OR UNKNOWN 413-52-2537 3502 Grantley Road No Anna Bell CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED 8Y MMEDIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION E 3 SHOULD BE USED / DEPARTMENT OF HE/ 01 PRIOR TO BURIAL, (19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO K 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WO STREET, FACTORY, FARM, FIC.) CITY OR TOWN STATE COUNTY TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held on and in my opinion Natural couses X death resulted from: Accident Undetermined monner TITLE (SPECIFY) ACTUAL 7/21/82 Assistant SIGNATURE EXAMINER'S NAME Balto., MD. Dixon, M.D. III Penn St. TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 7/26/82 Burial Md. Nat'l Mem. Laure] MD 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. C. March F/H (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND

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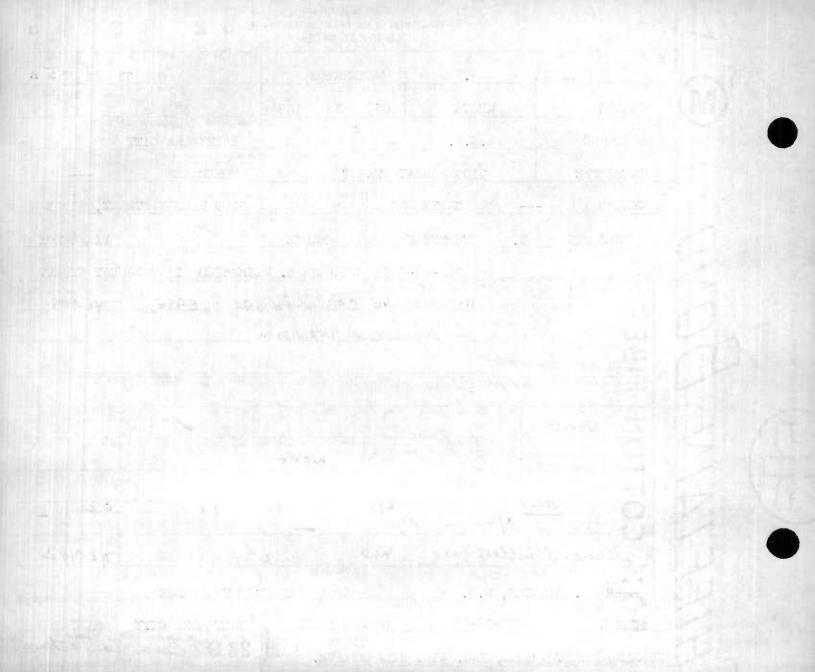
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4107 WILKENS AVE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME FIRST 2a. DATE KNOWN 7h HOUR TTYPE OR PRINTI OF ESTI-DEATH MATED Mary Welch 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED DAY A 62 19 Female DEAD YRS L CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED Baltimore City 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 31 OTHE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE PHEN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF KITAN RECORDS AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Baltimore afavette Avenue USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Balto. 03 E Lafayette Ave. 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Sarah MIDDLE LAST Walter Wilson Wilson 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATEST 216-12-7562 Irene Chisholm 303 E Lafayette AVe. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arterioscierotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO K 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 22st Ligarity that 1 to Autopsy above, held of Mitural courses X death resulted fro Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL ADeputy Chiefredical EXAMINER 7/24/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION REMOVAL 23b. DATE Burial 82 Mt. Calvary Cem. Md Brooklyn CO. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 RICE FSPA 1300 Eutaw Pl. (VR A15 ME (5)) 20M 4/B2

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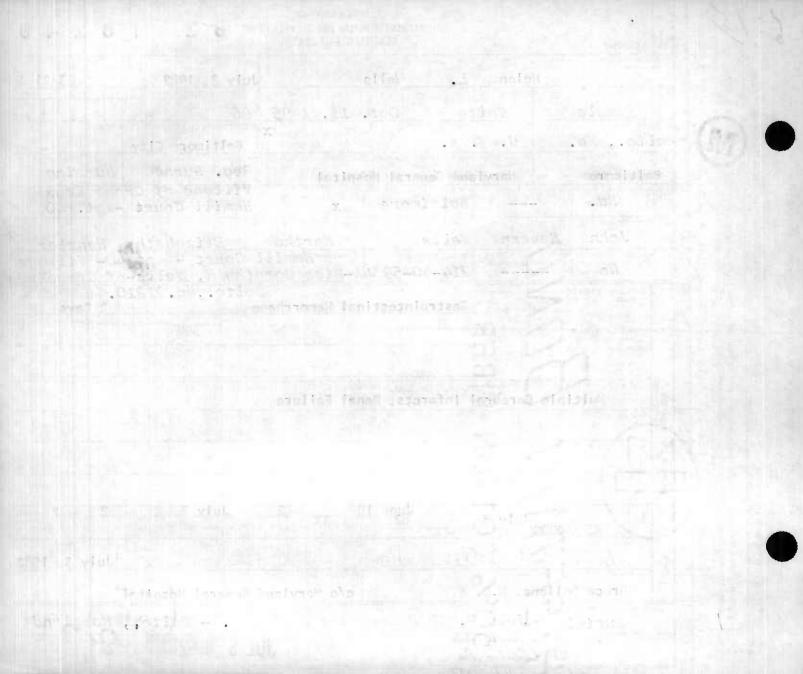
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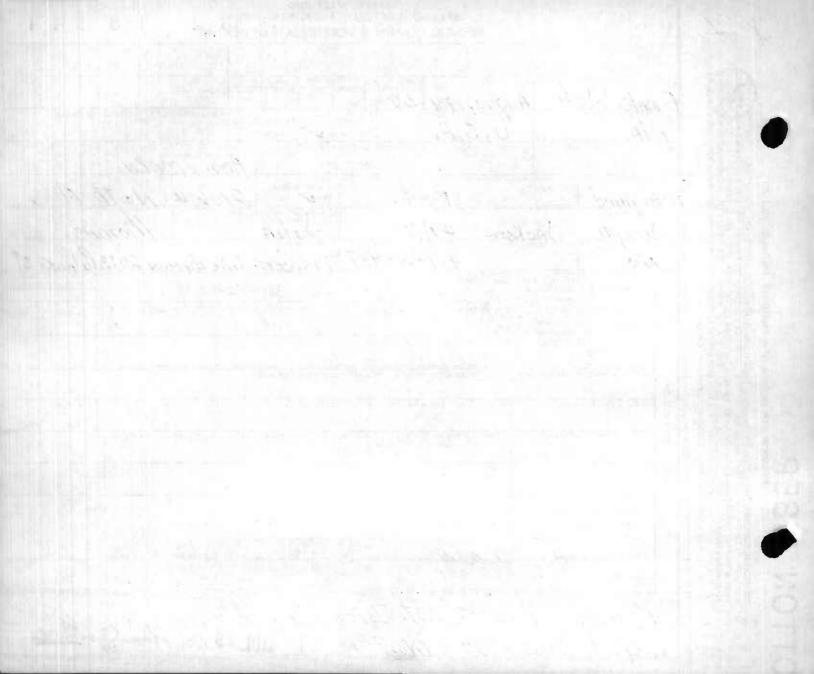
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TEN TOR Of Ho		saw the deceased always above, (Inwe) (did) and ha	July 3	19	82		on death occurred on the o		
REC REC PPt. em .		22b. SIGNATURE	N view the body	y after death.		DEGREE			C. DATE SIGNED
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HOSPITAL FUNERAL sold be det h the Stote NORTANT:		Bruce Boller	s. M.D			c/o Maryla	nd General U	ospital	
TO HOSPIT, retoined by TO FUNER, should be d with the Sto	73n S	Bruce Boller		73	, NAME OF C	EMETERY OR CREMATOR	nd General H		
TO HOSP reformed to TO FUNE should be with the S	23a. 8	URIAL, CREMATION, REMOVAL	23b DATE	73	NAME OF C	EMETERY OR CREMATOR	V 134 LOCATION		VaruLand
BP TO FUNE Should be with the S		URIAL, CREMATION, REMOVAL SPECIFY) Burial		7, 198	NAME OF C	emetery or cremator raine Park		alto.,"	

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	18 CAUSE OF DEATH (Enter only one	couse per line far (o), (b), and (c).)					APPROXI	MATE INTERVAL
100		USE (a) Hypertensive	cardiova	scular dis	ease			
	4027		OF					
	Canditions, if any, which gave rise to immediate	(b)						
	cause (o) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE	OF				4	
	<u>J</u>	(c)						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIL	UTING TO CEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	IDN GIVEN IN PART I (0)		185-10		
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1000				RY OCCURRED LENTER	NATURE OF INJURY IN ITE.	M 18 PART I OR PAR	RT 2)	
CA	CONTRIBUTING CAUSE OF DEATH		24 10 5 1 10				•	11/19
MED		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	STREET		CITY OR TOWN	cou	UNTY	STATE
-	AT WORK AT WORK							
	22a I certify that I took charge of th	e remains described abave, held on	Autopsy .	Inspection XX	Inquiry .	ond in my op	oinion	
	death resulted fram: Notural cau	ses . Accident . S	vicide , Hon	1 1	termined monner],		
	1 1-0/	- ^	TITLE	(SPECIFY)				0.100
1	ACTUAL SIGNATURE	GARD	M.D. Ass	sistant MED	DICAL EXAMINER	DATE	D 7/	9/82
	EXAMINER'S NAME (TYPE OR PRINT)	D. Cuned (M.D.	ADDRESS	111 Penn	Street,Ba	1to.,ME	2120	1
73n.8		TE 3 NAME OF CE					-/-	/ CANTE /
	Durial 7-	15-82 mt	210x (em, L	Ansday	UN	4	724
24. F	UNERAL DIRECTOR	ADDRECC	-1 1	250. DATE REC'D B	Y REGISTRAR 256 4	PAISTRAR	GNAU	576 m
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	MEDICAL CERTIFICATION	A. RACE A. RACE A. RACE A. RACE A. RACE A. MON The COUNTY Baltimore Listante Listante	THE EXTREMENT OF MEDICAL EXAMINE STATE REGISTRAR	FOR DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CERTIF	SEX SATE REDISTRAR MADLE LAST LAST MADLE LAST L	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MAGE LIST MAGE LIST MAGE LIST LIST MAGE LIST LIST MAGE LIST LIST	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8EG. NO. STATE RECISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. WELLS REC. NO. BOLLE SABILITY REGISTRAR LY CAST WELLS REG. NO. LAST REGISTRAR RACE S. DATE OF BIRTH THE MODER TYR. REGISTRAR REGISTR	DEPARTMENT OF HEALTH AND MENT AL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DEPARTMENT OF HEALTH AND MENT AL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. R



- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

FIRST

Funéral

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Church, Va

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REG NO

DAY

YEAR

2b. HOUR

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STATE

20 DATE OF DEATH MONTH

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1101 E. North Ave.

- STATE

(VRA 15, 4)

Wm. C. March F/H

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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injury, or other troumatic event, the medical exam

IMPORTANT: If them 21 is marked or Item 18 shaws any

	1-	FOR STATE REGISTRAR			j. DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2		8 2	44
		CEASED NAME OR PRINTS	FIRST	11	MIDDIE	Wets.	1AST	2a DATE OF DEATH	/	1	26 HOUR
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1	13a S	AL RESIDENCE (IF NURS	DECOUNT	dimova	13E CHYLOR	WILLESON	13d. INSIDE CITY LIMITS?	HOS Y	s es hiva	Lane	(21208)
C		PESACH		IDDIE	WETSTE		15 MOTHER'S MAIDEN NA	S		PAPORT	τ
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2	CERTIFICATION	19a DATE OF OPERAT	TON	19b COND	ITION FOR W	HICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY!	WERE FINDIN NG CAUSES	GS USED OF DEATH?
7	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	P 21e. PLACE	.M. MONTH .M. OF INJURY	DAY YEAR	21r. HOW INJURY OCCUR		JURY IN ITEM 18 PAR	T I OR PART 2]	STATE
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		22d PHYSICIAN 30 A	2 me		w. 10.		Sinal H	lospital			
	230 B	BURIAL, CREMATION,	REMOVAL	23b. DATE 8-1-8	32		CEMETERY OR CREMATORY I MISHMERES	ROSEDATION	E . BALT	O'NTY MI) . STATE

DHMH-16 50M 1/81 (VRA 15, 4)

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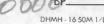
ROSEDATE , BALTO, MD.

24 FUNERALDIRECTOR SOL LEVINSON & BROSLING. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21214UG - 3

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STATE OF MARYLAND

-	1	FOR STATE REGISTRAR		DI	EPARTMENT OF H	IEALTH AND		64	G. NO.	8	2	4	5
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١	1111		IARY	R.	WI	ETTERS			7	13	82	14	15
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-	Mar	yland	COUNTY Baltimore	13c CITY C	CE BEFORE ADMISSION) OR TOWN I lawn	13d. INSIDE C	NOX	13e SIREEI ADDR	ngford	Road	1 2	1207	
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Į		VAS DECEASED EVER IN L	VES. GIVE WAR OR DATES)	16h SOCH	AL SECURITY NO.	17 INFORMA	NT	A	DDRESS		1.17		
		NO NO	YES, GIVE WAR OR DATES)	214-2	24-2304	Harry	V. Wet	ters 1653 Langfo			ord Road 21207		
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	CERTIFICATION	190 DATE OF OPERATION			WHICH OPERATIO			200 AUTOPSY?	20b. IF	YES, WERE			
	CAL	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	of injury a.m. mon' p.m.	TH DAY YEAR			RED (ENTER NATURE O	DF INJURY IN ITEM	18 PART I OR	PART 2)			
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY	OFFICE FARM ETC.)	211 LOCATION STREET)N	CITY	ORTOWN	CO	UNTY		STATE
		220.1 certify that (1) (this saw the deceased of above, (1) (wasterds) (ive on 7/2	28	19 76 ar	nd that in (my)	, 19 <u>76</u> (—) opinion o	death occurred on	the date and h	hour and fr		that (1) (couses str	
		226 SIGNATURE	Eu	r.	to n	77	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22	7/	131	182
	5	22d. PHYSICIAN'S NAME		13.4		22e ADDRES							
4		Cliff Ratli		.D.				ew Mall					
	23a B	Burial Burial	7/16/	82	Chelten			Chelter	WN	P.G.	. Co	2.5	1416



24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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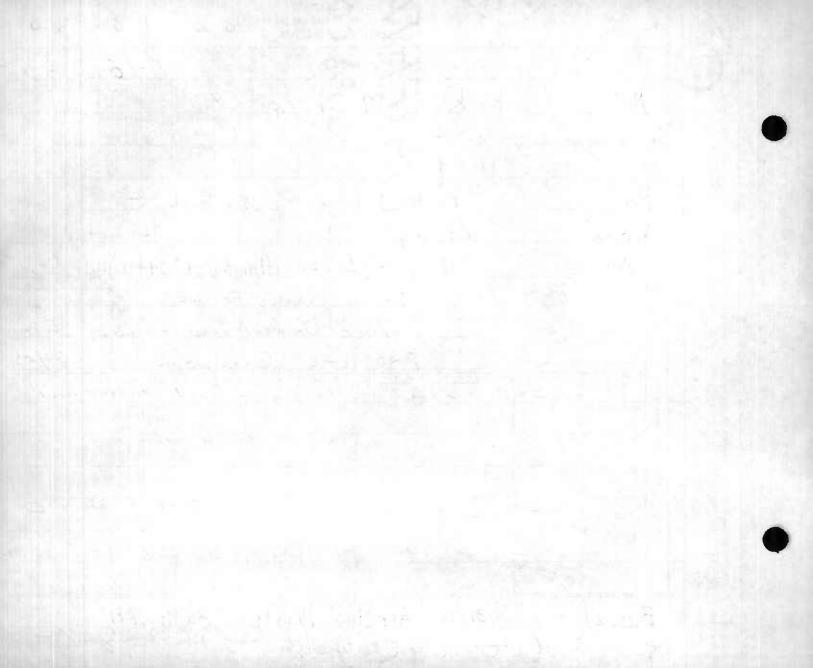
TO FUNERAL DIRECTOR. After should be detoched for use as with the State Dept. of Health

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			STATE OF MARYLAND		
11	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H	HYGIENES 2 1 8	2 4 6
9_	' -	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
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hou hou	3. SE)		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	UNDER 1 YEAR OF UNDER 24 HKS
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oge " Land		Male Blac	K 9 16 1900		
Trol di 72 hor		RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF V	WHAT COUNTRY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF	FDEATH
no nero	Oro	inacture, S.Car U.	S.A WIDOWED DIVORCED	1 Duck Imore	City MD.
er deo	10.CI	TY OF TOWN OF DEATH	OSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
_ 5 to 5/9	1 1	saltimore. Pio	ACILITY GIVE STREET ADDRESS)	(TITE OF WORK FOR MOST OF WORKING CITE)	IINDOSIKI
BALTIMORE, MARYLAND 2120' cote be executed within 24 hours vysicion and completely filled in by opers. Pages I and 2 should be fill svol. nt, the medical examine must be for	LISU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)		
AND 2 AND 2 Filled ioould b	130	TATE 136 COUNTY	134 INSIDE CITY LIMITS	? 13. STREET ADDRESS	
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Comp Lon	1	that rew 4	Thaley Mary	Itan	plan
execut ond co	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OBUNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	1
TIMORE be exect on ond c	1	No	217-07-1539 Lillie Whin	Hington -4209 terr	mill Ave
ALTI te by the		18 CAUSE OF DEATH (Enter only one couse per	line for (a), (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VST., BAL certificate ing physici bon poper r removal.	130	PART I. DEATH WAS CAUSED BY:	Chapping Reals	1 FORWAR	
ON ST th cert nding procession		IMMEDIATE CAUSE (o)	O HAUNIC IN DIVIL		
RESTON e death co e ottendin move cort troumotic			AS A CONSEQUENCE OF	ARY TRACT OBSTRUCT	6 mass
REST deo ottor froun		Conditions, if ony, which gove rise to immediate	Chronic URING	LRY TRACT SUSTRICT	0 1710
I W. PRESTO			AS A CONSEQUENCE OF	0	10400
201 W. PRESTON ST., es that the death certifi ned by the attending ph please remove corban p uriol, cremation, or remo		underlying coose lost.	PROSTATIC	Carcinoma	10713
ires gnec n pli buri	-	PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE T	3 0 0 0 1	
BIVISION OF VITAL RECORDS, 7 ING PHYSICIAN. The low require rottending physicion. After this certificate hose signs of the buriol-tronsit permit. Then post the ond Mental Hygiene prior to buriod retem 18 shows any injury, orked or them 18 shows any injury.	CERTIFICATION	940	CVa (~3 YRS)		ERTENSIAN
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OR ATTEN OR ATTEN DIRECTOR oched for ur Dept. of He		sow the deceased of an another with body	ofter death.	nion death occurred on the date and hour o	
8 4 8 8 9 5	1 0	22b. SIGNATURE	DEGREE	a veneti atte	22c. DATE SIGNED
		12	a Colombia M. D. ATTENDING	MEDICAL STAFF N DIRECTOR PHYSICIAN	JULY 26, 1982
= 0 = 10 =		THE PHYSICIAN'S NAME (THE OFFICE)	77e. ADDRESS		
O HOSPITAL TO FUNERAL should be det with the Stote		Touch A	COHEN 7306-B	Park NTS AVE, BA	ILTIMORE
TO HOSP retoined by TO FUNE should be with the Simport A	22- 1		23c NAME OF CEMETERY OR CREMATO		
	730.	BURIAL, CREMATION, REMOVAL 236, DATE	180 Arbutus Mem.	CITY ON NOWN	aper state
7/D2BP				Dalita	()
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) Molton Wheeler, Jr OF ESTI-Henry 17 19 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) white PRONOUNCED male 1944 38 9:05 DEAD NEVER MARRIED XX 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A. Baltimore City Lousiana WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH WITH FORM PM 3. RETAIN PAGE T. PAGES I AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE Baltimore City 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 5 Second Avenue YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Molton MIDDLE LAST Wheeler, Sr. Henry Ruth Prah] 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? P.O. Box 190 (YES, NO, OR UNKNOWN) No 228-62-6275 Molton H. Wheeler, Sr. Kelly North Carolina 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH E CHIEF MEDICAL EXAMINER ALONG BE USED AS A BURIAL -TRANSIT PERMI NT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wound of head Weapon: UNSPECTFIED DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES VY NO 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR 19 82 found shot CONTRIBUTING CAUSE OF DEATH 211 LOCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 700 Blk Cherry Hill, Baltimore, MD wooded area 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Hamicide XX death resulted from: Undetermined manner TITLE (SPECIFY) 7/18/82 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT 23d LOCATION 7-22-82 Hodges Chapel Cemetery Harnett North Car. Burial Benson 24 FUNERAL DIRECTOR Marzullo Funeral Service Reisterstown . Maryland (VR A15 ME (5))

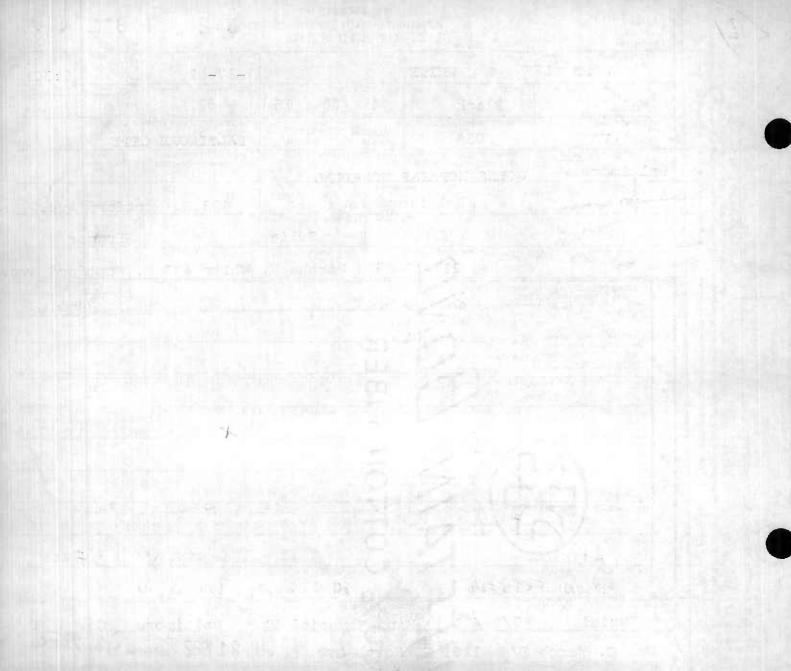
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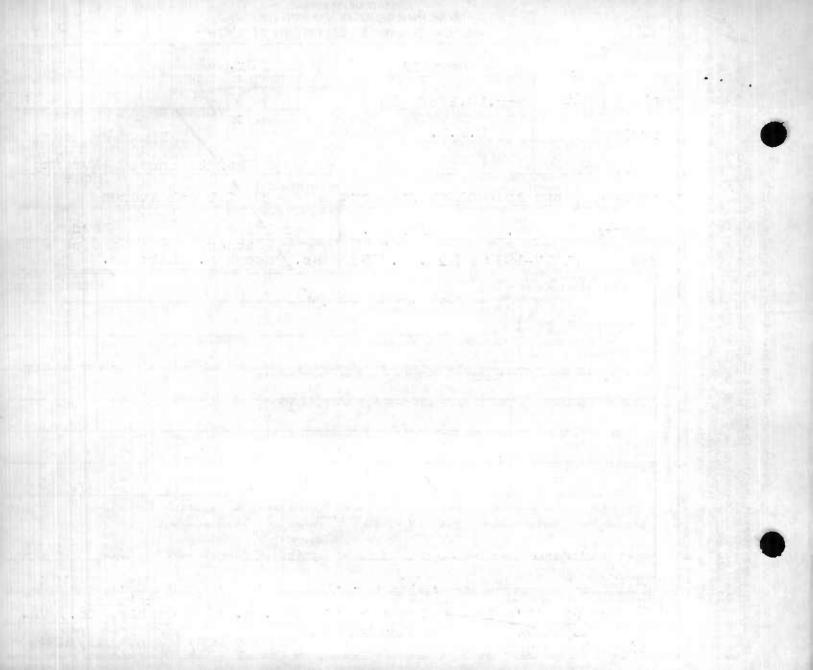
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME KNOWN & 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED E. Tammy White 4. RACE 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 0:42 23 Female White 67 15 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Maryland U.S.A. WIDOWED DIVORCED Baltimore City. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore City 6523 Colgate Avenue Student 13e STREET ADDRESS 258 Colgate Avenue 13d. INSIDE CITY LIMITS? Baltimore Maryland Dundalk NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE White, Sr. MIDDLE Cleveland Sherry L. Eney 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDR258 Colgate Ave. DIVISION 215-86-9933 Marshall Matney No Balto., MD. 21222 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES X NO [21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M.
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CITY OF TOWN COUNTY STATE

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DIRECTOR | PHYSICIAN

c/o Maryland General Hospital

Calvary Cemeter Anne Arundel

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

CERTIFICATE OF DEATH

DHMH - 16 50M 1/BI (VRA 15, 4)

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FOR - STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN K 2h HOUR WILKIN (TYPE OR PRINT) ANN OF ESTI-DEATH MATED ELIZABETH 19 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 1:45 PRONOUNCED 21 White July 24, 1960 DEAD Female 19 82 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) Illinois U.S.A. WIDOWED DIVORCED Baltimore City I . CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE OR INDUSTRY Waitress Restaurant Baltimore University Hospital 27 Windemere Parkway 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Phoenix NO K Maryland YES . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Wilkin Marian Recka William NURS AFTER DE 18. GIVE PAGE WITH FORM IIT. PAGES 1 AN 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) William P. Wilkin 27 Windemere Parkway 212-82-4400 No 18 CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) IT MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENIAL HYGIENE, D
IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cranio-cerebral trauma with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORR PAGE 4 SHOULD BE FORWARDED TO THE CHI THE **PLOKEAL DIRECTOR**: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARMENT OF BALTIMORE, MARYLANI. 21201 PRIOR TO BURI YES NO X 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR X OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 11.544X 6-3-Passenger on motorcycle in collision with auto 1982 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK Philadelphia Ave. &49th St.. Ocean City, road and in my opinion ester. 22a. I certify that I taok charge of the remains described above, held an Autopsy Accident X death resulted from: Natural couses Suicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 7-14-82 SIGNATURE EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Maryland St. John's Long Green 7-17-1982 Hydes, Burial 24 FUNERAL DIRECTOR 1050 York Road 25q. DATE REC'D BY REGISTRAR REGISTE Ruck Towson Funeral Home, Inc. Towson, Maryland **DHMH - 17** (VR A15 ME (5))

20M 4/B2

Items 13a-e. 14 per phone 8/3/82 STATE OF MARYLAND

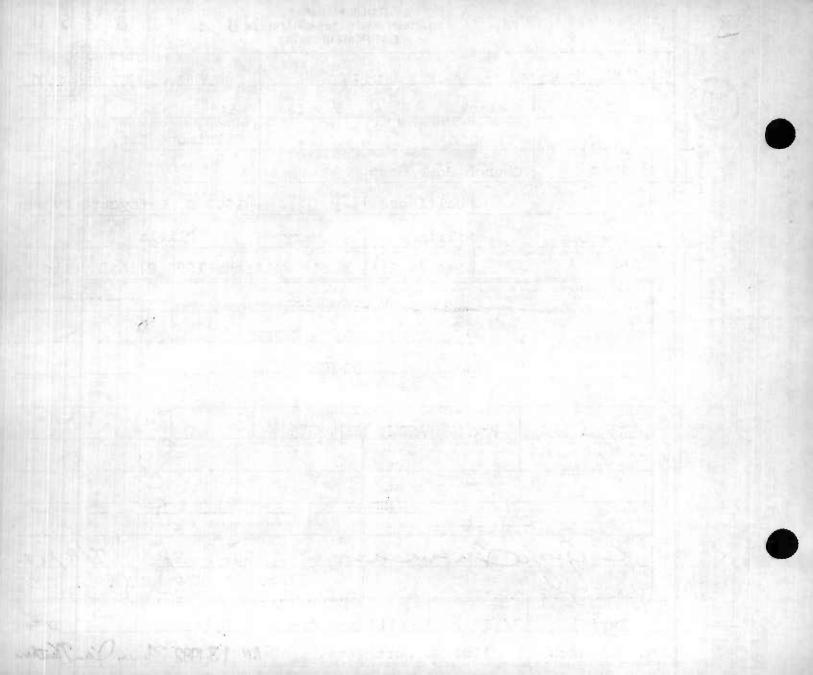
MARYLAND 21201

PRESTON ST.

DIVISION OF VITAL RECORDS,

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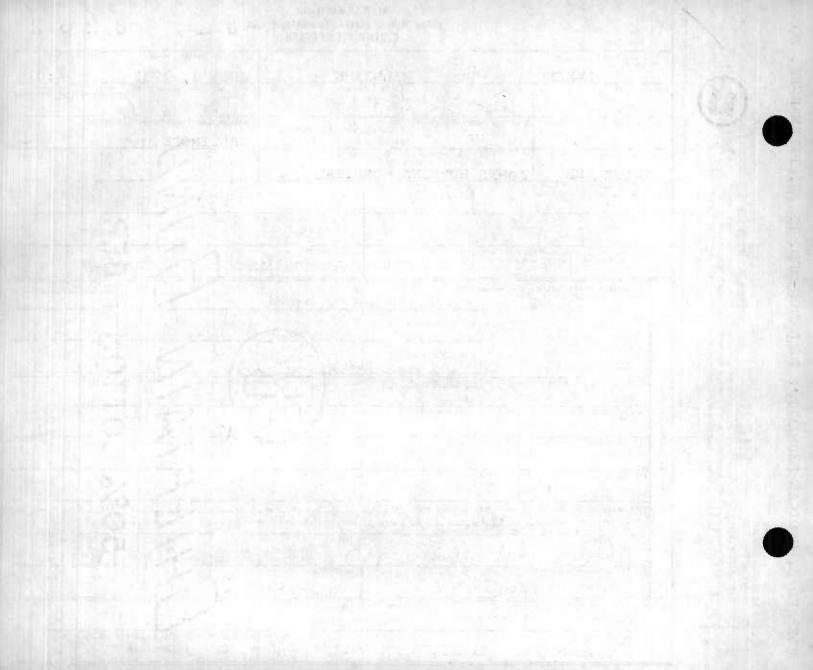
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1		MALE	NE	GRO	APR	16 1937	45	YRS.	DAYS HOL	URS MIN.
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,		underlying couse lost.	DUE TO, OI	RAS A CONSEQUEN					20 Y	FARES
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	23a 1	BURIAL, CREMATION, REMOVAL			AME OF CEMET	ERY OR CREMATORY	23d LOCATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- Agent
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31	24 F	JNERAL DIRECTOR				25 - D-A	FE-REC'D. BY REGISTRAR			4
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A	FOR	DEDARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	DENE () ()	0 0 4 0
1	1 - STATE REGISTRAR	DET ARTH	CERTIFICATE OF DEATH	REG. NO.	8 2 6 2
	1. DECEASED NAME FIRST	MIDDLE	EAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	DENISE	M. W	ILLIAMS	JULY 1, 1982	4:01p
(44)	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
	Female	Black	1 24 53 YEAR	29 YRS	
And the second of the second o	70 BIRTHPLACE (STATE OR FOREIGN) COUNTRY) Md.	TE CITIZEN OF WHAT COUNTRY? USA	*MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
offer of the rest	BALTIMORE	11. NAME OF HOSPITAL, NURSING JIF NOT IN SUCH FACILITY, GIVE STREET A JOHNS HOPKINS	DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
24 hours	USUAL RESIDENCE (IF NURSING HOME OR CITY 136, STATE Md.	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	130. STREET ADDRESS 169-Alberge Lai	ne
sho sho	14. FATHER'S NAME	a AZ	15 MOTHER'S MAIDEN NA		
omplete on d		AIDDLE LAST	Elizabeth	n Middle H	iggins ^{AST}
Poges.	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUE WAR OR DATES) 218-60-7		iams 169-Alberge	e Lane
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a spiral or attending physician and completely filled in by eCTOR: After this certificate has been signed by the attending physician and completely filled in by d far use as the burial-transit permit. Then please remove corbon papers: pages 1, and 2 should be filed in a 64 Health and Mental Hygiene prior to burial, cremation, ar removal.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	X respecting distribute of previous — EATH BUT NOT RELATED TO THE TERM	LTC3237 UNKEN	moth moth
No berg	O I			YES NO YES	YING CAUSES OF DEATH?
SICIAN: T ng physici certificate uriol-tronsi lemtol Hygi	OR CONTRIBUTION TO CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART) OR PART 2)
Optending optending ter this co s the bur on and Me	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR be he be	270.1 certify that N. (this haspite saw the deceased alive an above, (I) (we) (did) (did not 27b. SIGNATURE	711 198	DEGREE ATTENDING PHYSICIAN		r and from the causes stated 27c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det, with the Store IMPORTANT:	22d PHYSICIAN'S NAMED TYPE OR MARGOLD	1 2 2 2	220 ADDRESS	plan Hop.	1 41 1 000
.0	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)		AME OF CEMETERY OR CREMATORY	23d. LOCATION	ASOUNTY STATE
000/BP	Burial	7/6/82	Western Star Cem.	Catonsville, M	NA .
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR WM C March F/F	H 1101 E. No		E REC'D. BY REGISTR OF THE REGISTR	Lambarton



	1	M.)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have after death. Pages established by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the intermediate should be detached for use as the burial-transit permit. Then please remove corbonoppers. Pages frond 2 should be filled this with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exominer maintenance.

					STAT	E OF MARYLAND					
1	11.	FOR STATE		DEPART		HEALTH AND MENTAL HYG	SIENE 8 2	1 8	3 2	6 3	
1	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME FIRST	MONTH DAY	YEAR	26. HOUR						
			ELIZABET	H MII	LIAMS	5	7-15-8	2		9:35Am	
	3. SE	X	4 RACE	TX TIME	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST &	RTHDAY) IF I	UNDER 1 YEAR	IF UNDER 24 HRS	
	1	Female	Bla	.ck	5°NI	12 ^{AY} 88 ^{EAR}	94	YRS.	VIHS DAYS	HOURS MIN.	
O		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH		
25		VA		USA	WIDOW		BALTIMO	RE CITY		MD.	
1.1	10 €	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPAT		126. KIND C	OF BUSINESS OR	
17		BALTIMORE	UNI	ON MEMOR	IAL H	OSPITAL	THE OF WORK FOR MOST	OF FFORKING (IFE)	INDUSTRI		
20	13a.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS				
10		MD		Baltime		YES NO	819 E.	41st.	St.		
00	14. FA	ATHER'S NAME	MIDDLE	LAST	20	15. MOTHER'S MAIDEN NA	WE			57	
1		Thadaus		Brown		Maria			rton	71	
1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR				
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		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly one couse per		_	104 /			BETWEEN	MATE INTERVAL ONSET AND DEATH	
	-		TE CAUSE (o)	(ARDIO	PUL	MONARY AK	ZRES/				
		3519	DUE TO, O	R AS A CONSEQUE	NCE OF		,	,			
		Conditions, if ony, which gove rise to immediate	(b)_	URINAR	-Y TA	PACT INFECTION	N WITH/EC	UT SCESIS			
		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE			NO	emoplesso	56		
			(c)			ricular enlar		DROCEPH	aus		
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1	٥.	
-	CERTIFICATION	Lerepral Vuscu		ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	/ERE EINIDA	10011000	
1	FIC	NIA	110 00110	1/1	OFERATIO	WAS FERFORMED		IN CERTIFYIN	IG CAUSES	OF DEATH?	
-	ERT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME C	AFJINJURY		21c. HOW INJURY OCCUR	YES NO	YES [_	NO 🗌	
9		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.	M MONTH DA			(ENIER NATURE OF INJ	JRY IN HEM 18 PARI	TORPART 2)		
	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	7 39 P.		190	211. LOCATION					
	¥	WHILE NOT WHILE AT WORK	(AT HOME STE	REET FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE	
		22a I certify that (1) (this hospi	tal) attended th	e deceased from		2/2 10 22	to	7/15 10	82	4	
		saw the deceased alive on	- 5	7/14 19 0	F2	nd that in (my) (pur) opinion (death occurred on the o	7		causes stated	
		above, (1) (2), (did) (did not) view the body ofter death. DEGREE 23c. DATE SIGNE									
77		Juinto S.	Mar	this		MA ATTENDING	MEDICAL STA				
			action of	y sea		27e ADDRESS	J DIRECTOR PHTS	LIAN	_		
		IRVING	5. 1	SOTTFRIS	D	UNION MEMI	MIAI H	OMITAL	V.	2 ALT M	
1	23a E	BURIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION	22011916		2.101 110	
		Burial	7/19/			more Cem.	Baltim		OUNTY	STATE	
		JNERAL DIRECTOR			<u>~ </u>	250 DAT	F REC'D BY REGISTRAS		MC CICNIA	MD	

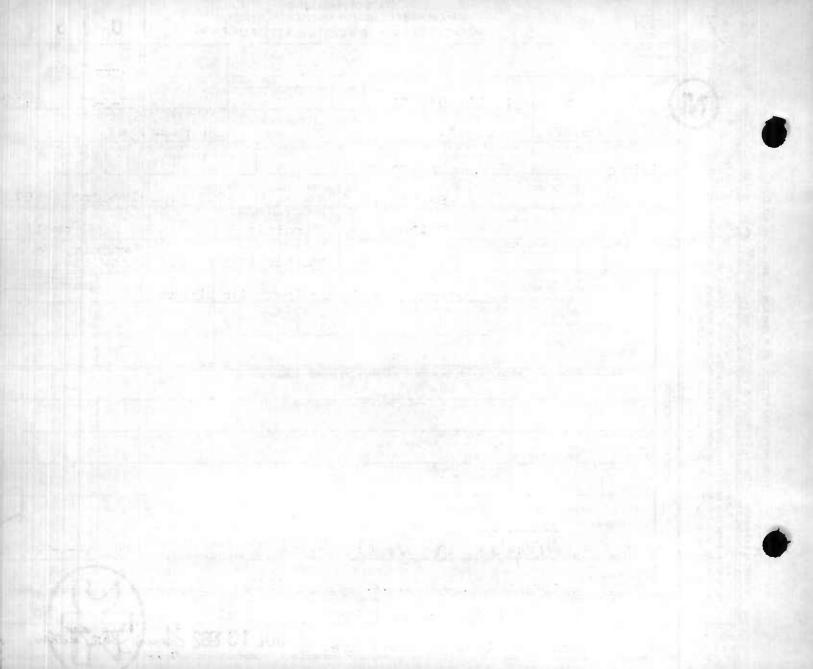
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Wm. March F/H 1101 E. North Ave.

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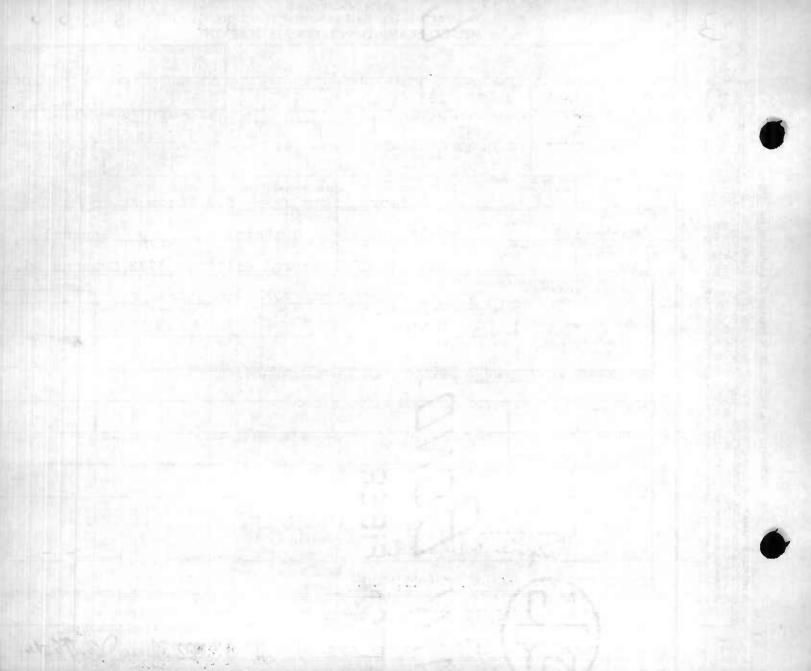
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN MONTH YEAR 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 7-3-82 19 **FMMA** 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED B DEAD 7-6-82 19 78 YR5 9:204 10 04 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL U.S.A. Sussex Co. VA WIDOWED X DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY PM 3. RETAIN PM 3. RETAIN PM VITAL RECORDS Belvedere Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3800 W. Belvedere #607 YES X MD Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, 2 AND OF VIT MIDDLE MIDDLE FIRST LAST Richard Wilkens Virginia Ann Harvell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 18. Gr. 3 WITH FOR 11 PAGES 1 166. SOCIAL SECURITY NO Emporia, (YES, NO, OR UNKNOWN) I CIE YES GIVE WAR OR DATES! 206 Walow St. 215-07-1498 Cynthia HIcks No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CATE, WRITING THE WORD "PENDING" IN PENCIE, INTURNING THE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WORLD PAGE 3 SHOULD BE USED AS A BURRAL "TRANSIT PERMIT. FHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIND. 21201 PRIGR TO BURRAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease JAMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNEAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE BAITING OF MARYAND, 2120 Inspection XX 22a) certify that I took charge of the remains described above, held on Autopsy and in my opinion deoth resulted from: Homicide Undetermined monner Accident Suicide TITLE (SPECIFY) ACTUAL DATE 7-6-82 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Korell 23d. LOCATION COUNTY 7/10/82 Balto. Co. Burial Arbutus Mem. Pk. MD 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5))

20M 4/82



THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PER Property Consultant TradeA dale william to a 18 miles 9 ---- 19/82 A. b-t- 0-- 18 Balle 1--- 9 100 M 100 M

20M 4/B2



Chas. A. Rice FSPA 1300 Eutaw Pl.

FOR

REGISTRAR

Burial

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R CERTIFICATE OF DEATH

COUNTY

Brooklyn

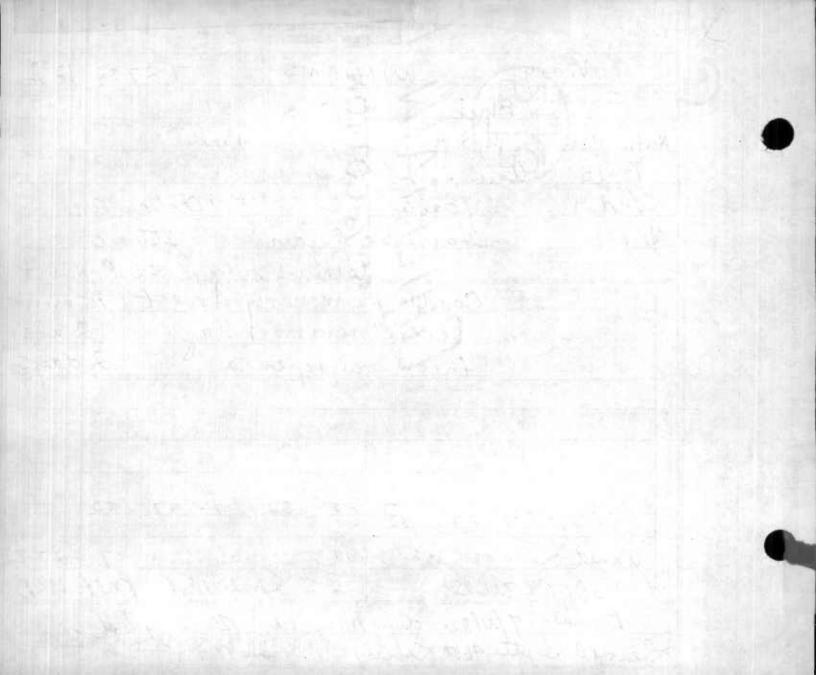
DECEASED NAME LAST 20 DATE OF DEATH 2h HOUR TYPE OR PRINTS 10:40p. 982 July 6 6 AGE UN YEARS LAST BIRTHDAY 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Denmore Ave. Sherrow Vernell Roberts 5009 Denmore Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hepatic Failure Due to Esophageal Carcinoma DUE TO OR AS A CONSEQUENCE OF With Metastasis to Liver. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 7/6/82 PHYSICIAN DIRECTOR PHYSICIAN C/O Maryland General Hospital

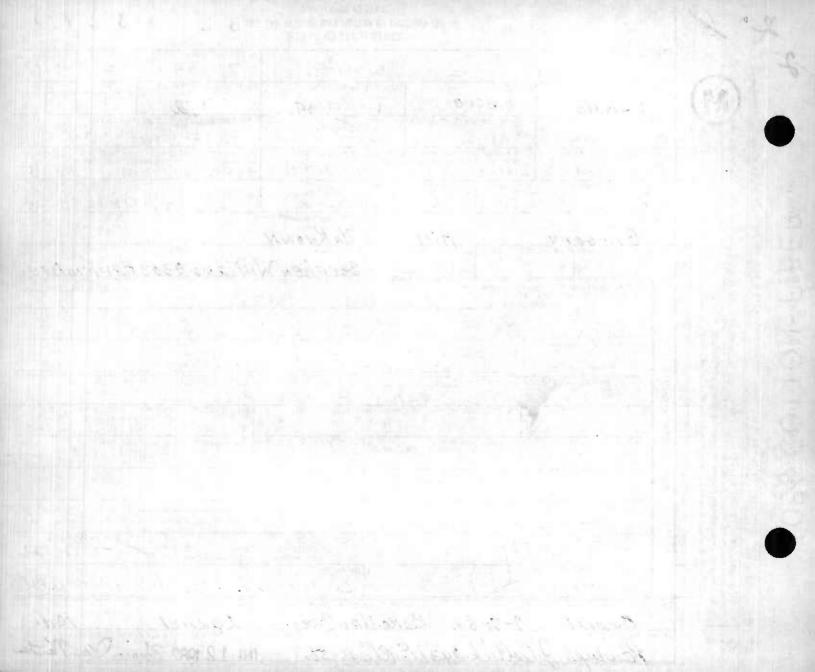
Cedar Hill

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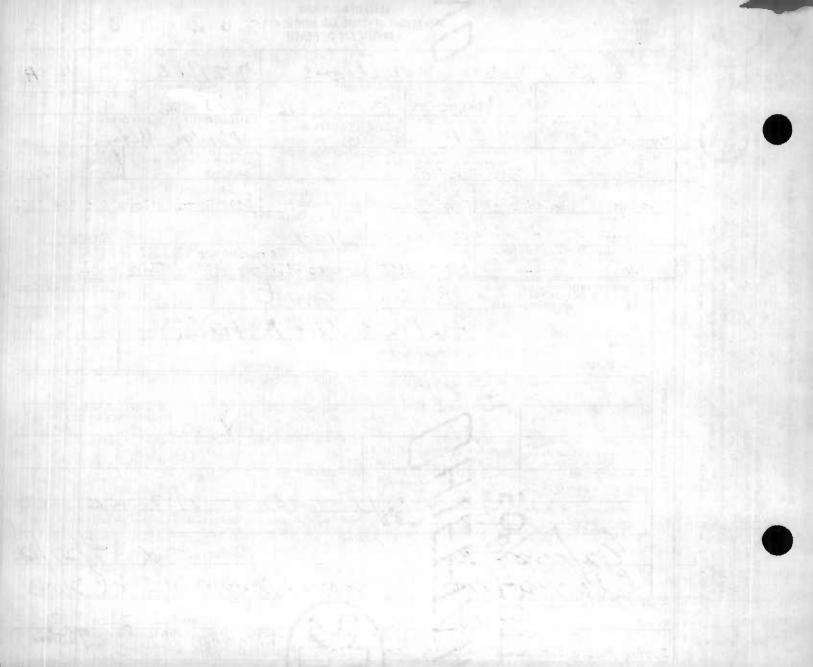




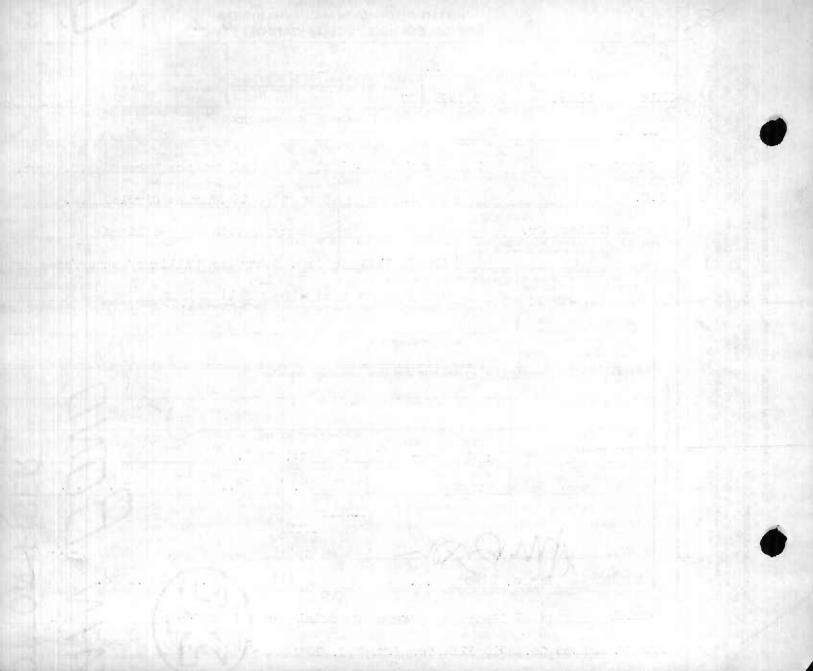
9/ 1	Items ;	#18a-22a F	ilm G570 8	/23/82 1	STATE OF A	ARYLAND AND MENTAL	HYCIENE			erig.	~,		
1. 1.	1 - STATE REGISTRA	A.R	MEI	DICAL EXA	MINER'S	ERTIFICATE	OF DEATI	H REG. N	8	la	/		
A	1. DECEASED N (TYPE OR PRINT)) Odis	WIDOFE	V	/illiams		DATE KNOWN [OF ESTI- DEATH MATED [14 1s		26 HOUR	
(M)	male	4 RACE black	5. DATE OF BIRTH MONTH DAY 9 21		E (IN YEARS IF UN	DER TYR. IF UNDE		DATE ONOUNCED DEAD	MONTH 7	14 ı	982	70 HOUR 10:45 a M	
S NECESSA FUNERAL 5 FOR YI W PRESTO		Md	MARRIED NEVER MARRIED						nore City, MD.				
FLAY IS TO THE F I PAGE BE FILED, SS, 201 V	Ba I	timore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sinai Hospital						PE OF WORK	WORK 12b. KIND OF BUSINESS OR INDUSTRY			
F ANY D AND 3 RETAIN SHOULD	Md Md	NCE (IF IN NURSING HOME 13b, COUT		T3c. CITY OR TO	NWC	13d INSIDE CITY LIMITS? YES NO	2916	ADDRESS Rockrose	e Ave	nue			
DEATH. IF	Benjami	n	MIOOLE		ams, Sr	Adelia	DEN NAME	MIDDLE		ohnsc			
BALTIMORE. S AFTER DEA' GIVE PAGES THE FORM PAGES 1 AN VISION OF Y	(YES NO, OR U	No	E WAR OR DATES]	251-06-	-9775	Ethel Wil	lliams	703 E 431					
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEC "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 31 OF HE FUN ED AS A BUILDAL EXAMINER ALONG WITH PORM PM 3. RETAIN PAGE 5 F ED AS A BUISTAL-IRANIST PERMIT, PAGES 1 AND 2 SHOULD BE FILED W HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, POLY, IL, CREMATION, OR REMOVAL.	18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)									BETWE	ROXIMATE EN ONSET	AND DEATH	
BIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BURNENT OF HEALTH ANIOT PRIOR TO BURIAL, CREMATION FRIOR TO BURIAL, CREMATICAL CREMAT	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 101 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?			
BIVISION OF VITAL RE E: THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PE TRAVARDED TO THE CHIEF N TO THE CHIEF		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY UNDERLYING OR CONTRIBUTING CONT							3 PART 1 OR PA	YES X NO PART2)			
TARAKT.		JRY OCCURRED	21e PLACE	OF INJURY (ATE	10ME, 211 LO	CATION HIREET 43rd St.	C	Baltimo	re	YINUC	Md.	STATE	
CAL EXAMINE THE CERTIFICA SHOULD BE FO SATH, WITH THE RE, MARYANIO	deoth r	22a Certily that I took charge of the remains described above, held Autopsy . Inspection . Inquiry . and in my apinion deoth resulted from: Viatural causes . Acciden . Suicide . Hamicide . Undetermined manner TITLE (SPECIFY)											
TO MEDI EXECUTE PAGE 4 TO FUNI BALTIMO	73a. BURIAL, CR	ER'S NAME ? PRINT) EMATION, REMOVAL	Thomas D.		MD.	NOOKESO.	Penn		to.,		STA		
1512BP	(SPECIFY) 24 FUNERAL D NAME		7/21/82		uburn Ce		Balt REC'D. BY RE	1000 27	GISTRAC		Md		
(VR A15 ME (5))	MITITIO	m C. March	TOTT U/J	E. NOIT.	II AVEILUE					1			

20M 4/82

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X	X B		1 -	FOR STATE REGISTRAR		DEP		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	1 8	2/	2
X	~ ~			EASED NAME FIRST		MIDDLE	1	LAST	_	HTH DAY 1	TEAR 26. HO	UR
	3 22		{ I YPE	DRPRINTING BU	Maude		10,0	LI AMS	7/27/80	2	12:	DAM
	lou od in	- 1	3. SEX	F7 /	4. RACE			OF BIRTH	4. AGE TH YEAR LAST BUTHO	AY) IF UNDER	TEAR FUNCE	H PA HARD.
	4 90 1			- emale	Ce	rucasio	an son	3 YEAR	66	YRS	UATE HOURS	M.Fr.
	2 43 V	-	70-81F	THPLACE (STATE OF FOREIGN	76. CITIZEN Q	F WHAT COUN	TRY? 8.	D NEVER MARRIED	F. BALTIMORE CITY OR C	OUNTY OF DEA	TH	
	\$ (PW) \$	55		rtucky	0	SA-	WIDOW		190A/to	Ceptas		MD.
		1-	10. CI	Y OR TOWN OF DEATH		F HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION		(IND OF BUSIN	IESS OR
5	to contract of the state of the	100		altimore	Sinai	Hospita	αl		Retired		eral El	lectri
2	how die	1	USUA 13a. S	L RESIDENCE (IF NURSING HON	SUNTY	13c. CITY OR	TOWN	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
AND	1 24 Fills souls	2	Mai		Itimore		llstown	YES NO	8606 Bramble	e Lane A	pt 104	21133
8YL	eith)	30	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	32.5
MA	P 1000	26		Harve	L	Willie	ams	Annie		C	arter	
ORE.	second co	3		AS DECEASED EVER IN U.S.	ARMED FORCES	166 SOCIAL	SECURITY NO.	17. INFORMANT We	stminsterADDRESS	Md 21	157	
TIMO	Po Po			No		269-1	2-5883	Garnett Will	iams 1710 Bo			
BAL	A VALUE		-	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one cause p	er line for (b)	1, and (c1.) -	0	F	ĐĘ.	APPROXIMATE INT TWEEN ONSET AN	ERVAL ID DEATH
ts.	4 400			PARTI DEATH WAS CA	DIATE CAUSE (a)_	Ca	idia	2 Ans				
N O	th car carb carb			// / /	DUE TO,	OR AS CONS	EQUENCE OF	- 1 11	,			
PRESTON	death affend ave ca ntien, o			Conditions, if ony, which	(b)_	1840	& Ca	c nut to	o tom			
. P.	hat the by the ase rem al, cremo			gove rise to immediate cause (a), stating the	DUE TO.	OR AS A CONS	EQUENCE OF			2 99		
	that d by lease ial, co			underlying cause last.	((c)_							
5, 2	signe Then pl ta burn		7	PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN P	ART 1(a	
RECORDS	requestrated sorted y injection	_	CERTIFICATION		Ton con	2.7.0			In autonoma In	AL IEVES WERE	FINITE HARRIST HAR	
REC	law re ss beer ermit. e prior		FICA	190 DATE OF OPERATION	196. CON	DITION FOR WI	HICH OPERATIO	ON WAS PERFORMED		Ob. IF YES, WERE N CERTIFYING C	AUSES OF DEA	ATH?
IAI	The ician te ha isit p	4	RTI	A1 ACCIDENT MAS INDERIVATE		Of INCHES		In How Million occ	YES NO	YES	NO	
>	AN: Ti physici rficate transit			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	- 110110	OF INJURY A.M. MONTH	DAY YEAR	ZIC HOW INJURY OCCU	IRRED (Enter NATURE OF INJURY IN	I ITEM 18 PART I ORP	ART 2)	
NON	HYSICIA ding ph is certifi burial-tr Mental or them	/	ICAL	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19	21f. LOCATION				
NOISINIO	4 6 5 7	-	MEDIC	216. INJURY OCCURRED WHILE NOT WHILE		E OF INJURY STREET, FACTORY, OF	FICE, FARM ETC)	STREET	CITY OR TOWN	cou	NTY	STATE
≥i	DING P or otter After t is as the alth and marked			AT WORK AT WORK			-	15 8	7/2	7 8	>	-
	END olo OR: , Hea			220.1 certify that (I) (this h saw the deceased alive		the deceased fr		and that in (my) (sur) spinio	in death occurred on the date	and hour and fu	, that (I)	
	A ATT hospit hospit hed for ept. of tem 2	- 1		goove Milwelldig de	d nat) view the boo	dy offer death.	17		on death accorded on the date			
	0 0 0 00 4			17h SIGNATURE	-	^		DEGREE ATTENDING	_ MEDICAL _ STAFF	1/ -	DATE SIGNED	101
					reach	nes	2	PHYSICIAN	DIRECTOR PHYSICIAL	NA.	1/2/	182-
	HOSPITAL ned by the FUNERAL uld be det to the State ORTANT:	1		226. PHYSICIANS SHAME (T	10	1.00		220. ADDRESS	na shin Ka	2 61	1 mil	13
	TO HOSPITAL retained by t TO FUNERAL should be det with the State	1		C-CRUZ		anto		19423 17	100 1111 180	13 -	210	43
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000	BP			rial	7/31			Cemetery	E. Bernsta	dt Laux	el KI	
	DHMH - 16 50M 4/8	2		NERAL DIRECTOR 8728			anaalls Tno	town, Md. 250.D		ires }	and latte	AL.
	(VRA 15, 4)		LIO	I'LIU DUELS I'V	WELLE DE	TECONTO	9 41000	011100	A F F A 100 m .			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN KT MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-TYRONE A. WILLIAMS TO 4 RACE 5. DATE OF BIRTH 6. AGE (INYEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Male May 3,1955 Black 27 DEAD 13 19 82 11pm YRS 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRY) D. C. USA Baltimore City WIDOWED DIVORCED III CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Jnion Memorial Hospital Maintenance Worker D.C. Govt. USUAL RESIDENCE (IF IN NUMBERO 13a STATE 134 INSIDE CITY LIMITS 13e STREET ADDRESS D.C. YES S Washington NO [26 Sherman Circle, N.W. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LA5T MIDDLE Fermon Childs, Jr. Williams Betty Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO. OR UNKNOWNI LIE YES GIVE WAR OR DATES 579-74-7133 Mrs. Betty Ann Williams/mother/same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of neck with complications DUE TO, OR AS A CONSEQUENCE OF (unspecified weapon) Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [DEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR AN MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 12:40M 6-9-1982 Subject shot. 21e PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYYAND, 21201 PE STREET, FACTORY FARM, FTC. 1 Wash. D.C. STATE "W" St., street 1400 blk. 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Hamicide K death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-14-82 SIGNATURE EXAMINER'S NAME M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 Ann 23a BURIAL CREMATION REMOVAL 23b DATE 23d LOCATION STATE Burial 7-17-82 Harmony Memorial Park Landover. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 5 SIGSTA DHMH . 17 (VR A15 ME (5)) John T. Rhines Co., 3015 12th St. N.E. D.C. 20M 4/82



/	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE									1 17	971			
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								6.	. /	this is		
T		EASED NAME	FIRST		MIDDLE			LAST	2a. D	ATE KNOWN	THOM X	H DAY	Y YEAR	26 HOUR
	TITPE	OR PRINT)	Wilbe	ert		Wi	lliam	ne		OF ESTI-		10	19 82	
3.	SEX	4. R	RACE	5. DATE OF BIRTH		6 AGE (IN YEA	RS IF UN	DER 1 YR. IF UNDER		DATE	MONT			2d HOUR
1	Ma	le I	Black	1 16	37	45 YE	1	S DAYS HOURS	MIN PROM	NOUNCED DEAD	7	10	1982	12:20
	a BIF	THPLACE (STATE		76. CITIZEN OF WE			R	£3	9.84	LTIMORE CITY	OR COU			
A	FOR	EIGN COUNTRY) N. (7		USA		WIDOW	ED X NEVER MARRI		Baltimo	ro	1+1		100
7	D. CIT	Y OR TOWN OF		II. NAME OF HOS		RSING HOME				CCUPATION IT			KIND OF BU	ISINESS
1		Baltimore		(IF NOT IN SUCH FA	CILITY, GIVE ST					F WORKING LIFE)		(OR INDUST	RY
10				R OTHER INSTITUTION, GI	E RESIDENCE	BEFORE ADMISSIO	N)					_		
51	a. ST		13P CON	TY		ORTOWN		13d. INSIDE CITY LIMITS? YES X NO	13e STREET A	DDRESS Milto	- A			
+	A EA	MD THER'S NAME			I Bal	timor	e			MITTE	n A	ven	ue	
1		Evander		MIDDLE TAT	llia	LAST		15. MOTHER'S MAIDE		MIDDLE	-	77.	LAST	
4		AS DECEASED EV				IAL SECURITY	(NO	Racha 17. INFORMANT	11	ADDRES	E	111	cott	
4	N	S. NO. OR UNKNOWNI	(IF YES, GIVE V	WAR OR DATES)										
F	-						495	Marion L	. warı	cen 1/1	.6 N	, M		
		18 CAUSE OF DI		y one cause per line					1965			BE	APPROXIMAT ETWEEN ONSE	T AND DEATH
		1100	IMMEDIAT	E CAUSE (a) Bro				vith absces	s form	ation				
BURIAL, CREMATION, OR REMOVAL.	-	487		DUE TO, OR	AS A CON	ISEQUENCE (OF							
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		cause (a) sta	ting the <u>under</u> -	DUE TO, OR	AS A CON	SEQUENCE (OF.							
		lying cause lo	usi.	(c)										
ı		PART 2 OTHER SIGNIFI	ICANT CONDITIONS	CONTRIBUTING TO DEATH	OUT NOT RELA	TED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PA	RT 1 (a)					
	No.													
П	Y	19a. DATE OF OP	ERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?				2D	AUTOPSY	?
	CERTIFICATION												YES XX	NO 🗌
5	1	21a. EXTERNAL C	_	21b. TIME OF		DAY VE		OW INJURY OCCURRE	D (ENTER NATUR	OF INJURY IN ITEM	8 PART I OR	PART 2)		
		UNDERLYING CONTRIBUTING			HINOM	DAY YEAR								
	MEDICAL	21d INTURY OCC	URRED	21e PLACE C		I AT HOME.		CATION						
1	E	WHILE AT WORK	OT WHILE	STREET, FACT	ORY, FARM, ET	TC.)	5	TREET	CITY	OR TOWN		COUNTY		STATE
								1/2/						
				e of the remains des	ribed obo			sy XX, Inspection		,	and in my	apınıan	1	
		death resulted f	ram: Natur	al causes 🖽.	Accident	Su.	cide 🔲	, Homicide .	Undetermin	ed manner	,			
		ACTUAL	110	119 10	100	46.1	80	TITLE (SPECIFY)	4		DAI	re	7-11-	02
d)		SIGNATURE	Me	UN C	MIC	June	M	D. Assistar	MEDICAL	EXAMINER	SIG	NED	/-11	-04
1		EXAMINER'S NA	ME Man	aprita ^	Kora	II M			I Penn	Stroot				
		(TYPE OR PRINT)	Mar	garita A.				ADDRESS						
2	3a.BU	RIAL, CREMATIO						R CREMATORY	23d. LOCAT	ION WN	CC	YINUO	S	TATE
		Buria		7/17/82	C	hurch	Cem	netery	Bunr	Level	NICTO : T	0.010		.C.
	24 FU	NERAL DIRECTO	R	ADDRESS				25a. DATE	REC'D. BY REG	ISTRAR 25b. REG	SISTRAR'	SSIGNA	ATURE	
I	Wm	. C. Ma	rch F	/H 1101	E.	North	AVE		11 131	082 72	neso	Yan	This	her_



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(VRA 15, 4)

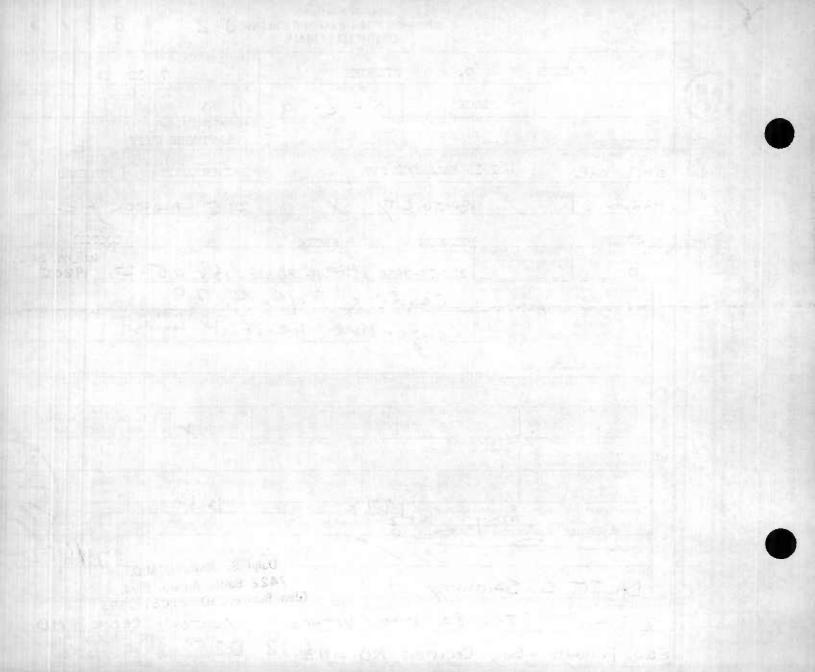
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

STATE



1	-<	-	1.	FOR STATE			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 2	8	2 7	6
110	S			REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
	NJ -			CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY	YEAR 26	HOUR
, i	o de o				EVAR		B. WIL			4	982		2:21am
A			3. SEX			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS.		UNDER 24 HRS
H	0	4		male	- 1		nite	Octo	ber 11,1919		rs.		
4	THE REAL PROPERTY.	3		THPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIEI	SENEVER MARRIED	9 BALTIMORE CITY OR CO		ATH	
20		W.	0.00	Kansas	TH		S.A.	WIDOWE	D DNORCED DNORCED	BALTIMORE (MD.
201 THE	113	3	BA	LTIMORE		THE J	OHNS HO	PKIN	S HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK mech. Engine	(ING LIFE) INDI	KIND OF B USTRY	USINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 LEASED AS NON MED BY DR DIXON OF THE PHYSICAL AND THE CONTROL OF TH			Ma:	il residence (if nursi tate ryland		other institution TY nington			13d INSIDE CITY LIMITS? YES NO 😡	13e. STREET ADDRESS 144 Donnybro	ok Dri	ve	
DIXON	160	10		THER'S NAME Claude	L.	AIDDLE	Wilson		IS MOTHER'S MAIDEN NAME Hanna	WE	Detilla	L LAST	
DE,	LAST TO	n	6a W	AS DECEASED EVER	IN U.S. ARA	MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDRESS	13.15		
DWI D	6. 8	1		yes	W.W.	II	552-09-	1024	Mrs. Veroni	ca Wilson, Hag			
BALTI	ysicion your			18 CAUSE OF DEATH PART I. DEATH W	(Enter onl	y one couse per	line for (o), (b), one	d (c).)			BF	APPROXIMA	E INTERVAL ET AND DEATH
ST.,	Tage 5					E CAUSE (o)	Cardio	gen	ie shoc	Κ		7 H	ours
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E C	move rotto			Conditions, if ony, gove rise to imm		(b)	myocai	aia	1 15Chew	ria		× 0/0	rhz
MED	(V 0 =			underlying couse		DUE TO, O	COV UN		cutery d	sease	1	1 y	ears
NON	en plus	7	7	PART 2 OTHER SIGN		-	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN P	ART 1(0)	
ORD N	The The		10	Cardiac		rgery	TION FOR WHICH	0050 4710	N WAS PERFORMED	Too witonsys	IF MES. WIERE	50.000.00	
AS.	S GIN	/1	CERTIFICATION	July 30,					icular Anythin	INIC	IF YES, WERE ERTIFYING C	AUSES OF	DEATH?
TAL	0 5 0 E	7	ERTI	21g. ACCIDENT WAS UND		21b. TIME C		OCATO	21c HOW INJURY OCCUR		YES TO B		NO 🗌
SED	certifico uriol-tro tem 18			OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH DA			TENTER TANIONS OF HISORY IN THE	MID TAKE OK	AN1 2)	
NO A	ding ding tis cer buric Men or the		MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE	M. OF INJURY	19	211 LOCATION				
S H	ond ond	77	¥	WHILE NOT WH	ILE 🔲	(AT HOME ST	REET, FACTORY, OFFICE F	ARM. ETC)	STREET	CITY OR TOWN	COL	YINU	STATE
	or Aft	- 1		220.1 certify tho		ol) attended th	ne deceased from _	July	27 1988	L. 10 July 31	19	To the	(we) lost
	pritol for u of H	- 1		sow the decease above, (1) (we) (d	d olive on_	view the body		00,00	d that i (my) (our) opinion	death accurred on the date on	d hour and fr	om the co	ises stated
A N	has hed hed ept.			226 SIGNATURE A		000	0		DEGREE		22:	DATE SIC	NED AS 2
4	Al Caleto			Aprill	C	Jule	was		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	大 3	الك	ly 1982
III	FUNER FUNER old be of the St	Π		224 PHYSICIAN'S NA	111				22e ADDRESS				
	etained by TO FUNER, should be d with the Sto			Keith	Lille	rmoc				ins Hospital	Balti	MOIC	Mq
Ţ	5 - 2 × ₹			URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	CQUNT	γ .	STATE
	BP			crematic						ium Smithsbu			
DHA	AH-16 30M 2/80 (VRA 15, 4)		24. FU	NERAL DIRECTOR M	INNIC	CH FUN	ERAL	ME		E REC'D. BY REGISTRARYS RE		Cohe	All .
	(*****)	1	415	E. Wilson	Blv	d. Hage	erstown,	Mary	land 21740AU(J 130L a	~~	Service .	A.

to be a subject to the subject of th THE RESERVE OF THE PARTY OF THE Samuel Juris

Ь	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	182//
(M)	(TYPE	CEASED NAME FIRST OR PRINT) TAM		MILSON	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 7 23 82 2 12 AM
age 4 mg	3. SE	M	BLACK	S. DATE OF BIRTH		YRS.
tuneral a	C	Va.	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	BALLINORE CITY	MORE CHY MD. 128 KIND OF BUSINESS OR
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Jarrettsville. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52

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(VRA 15, 4)

Benjamin W. Kurtz

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

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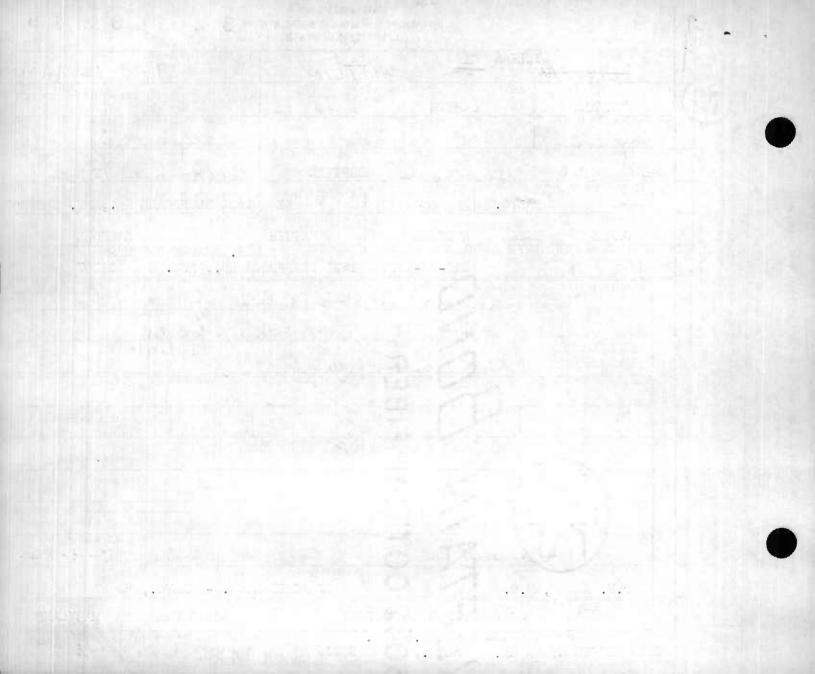
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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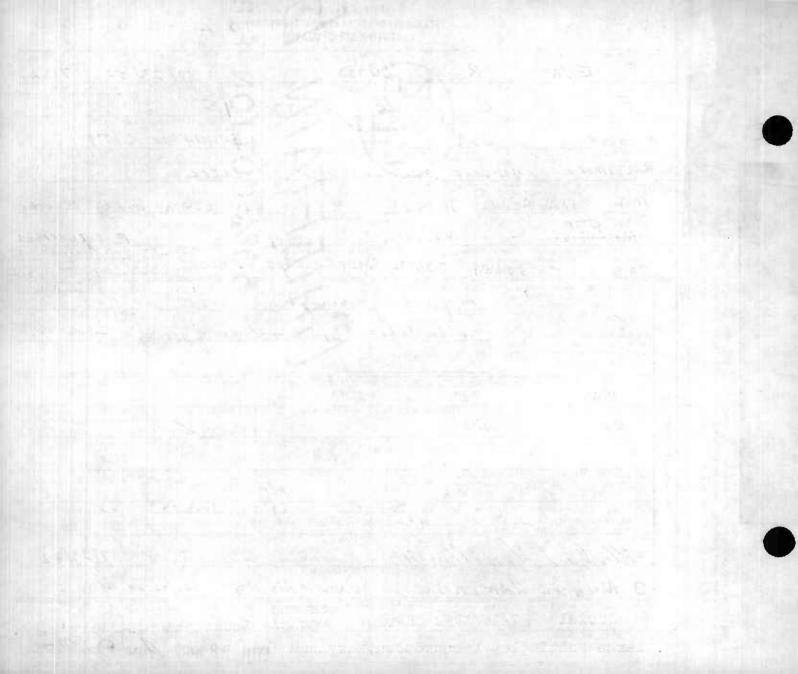
Walter Dabrowski

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 1982 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR INDUSTRY truck driver Red-Star Exp 1419 Broening Highway Glenkowski 1419 Broening Highway PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in DOM (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 7/8/82 DIRECTOR PHYSICIAN c/o Maryland General Hospital Baltimore 7/12/82 Maryland Burial Sacred Heart Of Mary 24 FUNERAL DIRECTOR 1005 Dundalk Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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26 5 1802 Hall & BS incomi War Mark Line Viet . State Line & Line Base Line Brown to the Control of the Cont Henry Woods Week Elizabh Citata . S are think to the APER York Ford Labo., MID 21212 and completely filled in by the funeral directors 2 and 2 should be filed within 72 hours

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9

L	- STATE REGISTRAR			ICATE OF DEATH	REG. N	0.	, 0
	DECEASED NAME FIRST TYPE OR PRINT) Ear	MIDDLE	Woo	ods Sr.	20 DATE OF DEATH July	23, 1982	25 HOUR 11:10P
36	M ale	4 RACE Black	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS.	AR IF UNDER 24 HRS
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C. CITY OR TOWN OF DEATH Baltimore	7b. CITIZEN OF WHAT COL USA 11. NAME OF HOSPITAL, (IF NOTINS SUCH FACILITY, GI MARY LAND	MARRIE WIDOWE NURSING HOME C	OR OTHER INSTITUTION	Baltimore CITY C Baltimore 120 USUAL OCCUPAT (TYPE OF WORKFOR MOST C Truck D	PR COUNTY OF DEATH PR CITY ION 126 KIND OF WORKING LIFE) INDUSTR	MD OF BUSINESS OR Y
5 13	SUAL RESIDENCE (IF NURSING HOME OF 13 B. COL Md	OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌		holm Road	
014	FATHER'S NAME FIRST	MIDDLE L	LAST	Margaret	WIDDIE	Wood	ds
1 16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	46 4407	17 INFORMANT Margaret Mi	11er 3710		R oad
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1	22d PAYSIMAN SNAME TO Edmond Mc	onmell, M.D.		c/o Maryl	and General	1	01/02
23	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	7-29-82		Hill Cem	Glen Bu:	rnie A.A.	Md.

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TO FUNERAL DIRECTOR: After this certificate has be

24 FUNERAL DIRECTOR

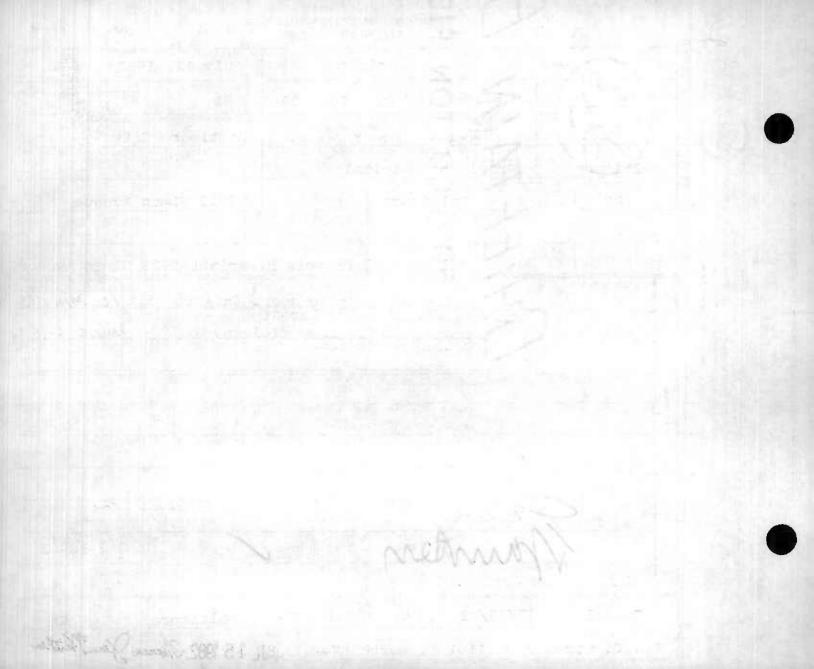
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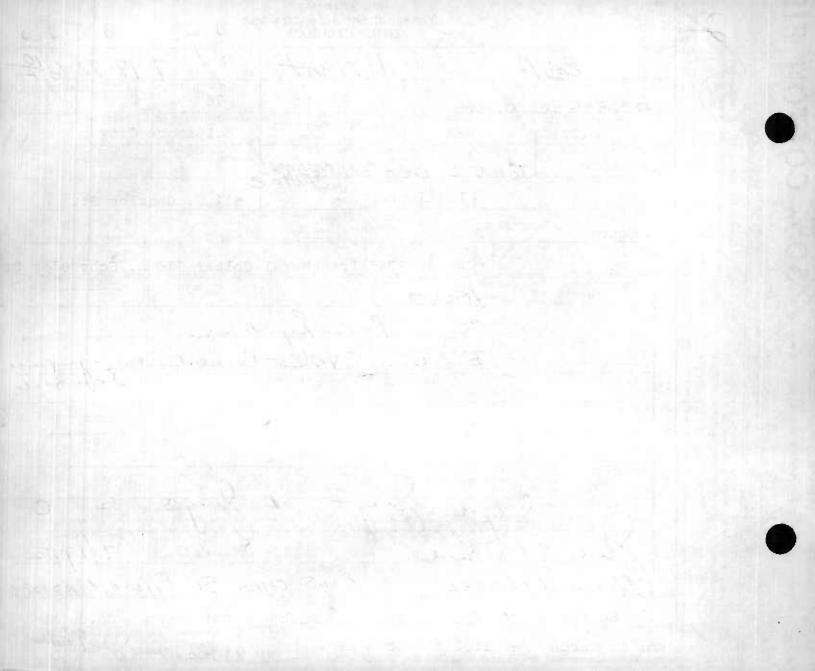
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010		CEASED NAME	FIRST		WIDDLE		LAST	20.	DATE OF DEATH		DAY YEAR	2b. HOUR
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-1.35-	lin c	MY OR TOWN OF DEA	TH.	(IF NOT IN SUC	HOSPITAL, NU CHEACILITY, GIVE ST	RSING HOME (TREET ADDRESS)	OR OTHER INSTITUT	ION 12a	PE OF WORK FOR MOST		125 KIND C	OF BUSINESS OR
31 2	D.	Baltimo		Jo	hns Ho	pkins	Hospita	1	Salesman	Gre	en Spri	ing Dairy
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\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		ATHER'S NAME			Baltim	ore	YES X NO		520 Summe	eriiei	a Ave	
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dico des		VAS DECEASED EVER II	LIEVES GIVE	WAR OR DATES			17. INFORMANT		ADDRI			
S. Po		Yes	WW	11	214-1	4-7621	Mrs Mar	ry E Wo	oods	Sam	e	33
t to constant		18 CAUSE OF DEATH PART I, DEATH WA	LEnter on	ly one couse per	line for (o), (b)		6			1 - 100	BETWEEN	MATE INTERVAL ONSET AND DEATH
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riol- riol- ento	CAL	JIF EITHER NOTIFY MEDICA	AL EXAMINER)			19						
this he bund M	MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY	ICE FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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DiR oche Dep		22b. SIGNATURE	0	Ro	1		DEGREE ATTEN	IDING M	EDICAL STA	FF A	22c. DATE	
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should be det with the Stote		SC07			Emic	K	John	5 H	lopking	Ho	Spita	1
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	_	(SPECIFY Burial		7/22/	/82	Lake			Carrol1		lary'lan	
16 50M 1/81 A 15, 4)	24. F	UNERAL DIRECTOR			ADDRE	\$5	10000	25a 1 A 18 RE	2018Y 1987 RAM	M. REGISTI	AN'S SIGNA	1485
		Leonard	J Ru	ick Inc.	. Balti	more, M	aryland		- 1002 0	- Comment	Dund	MINING



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 14 76 1ALC 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED X NEVER MARRIED Baltimore City USA S.C. ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI THE STREET ADDRESS 3n STATE 136 COUNTY Baltimore MD 611 S. Charles St. NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Smith Henry Mary ADDRESS 64 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 248-30-9745 Franchseal Colter 510 N. Schroeder St No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (8) DUE TO, OBAS A CONSEQUENCE OF gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 71a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE AND STELL 00 WHILE NOT WHILE 220 I certify that (1) (this haspital jutterided the deceased from deceased alive a ppinion dent We date and hour and from the causes stated ove. (1) (we) (did) (did) DEGREE 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS FUNE old be 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Baltimore King Mem. Park 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Wm. NAMC. March F/H 1101 E. North Ave. (VRA 15, 4)

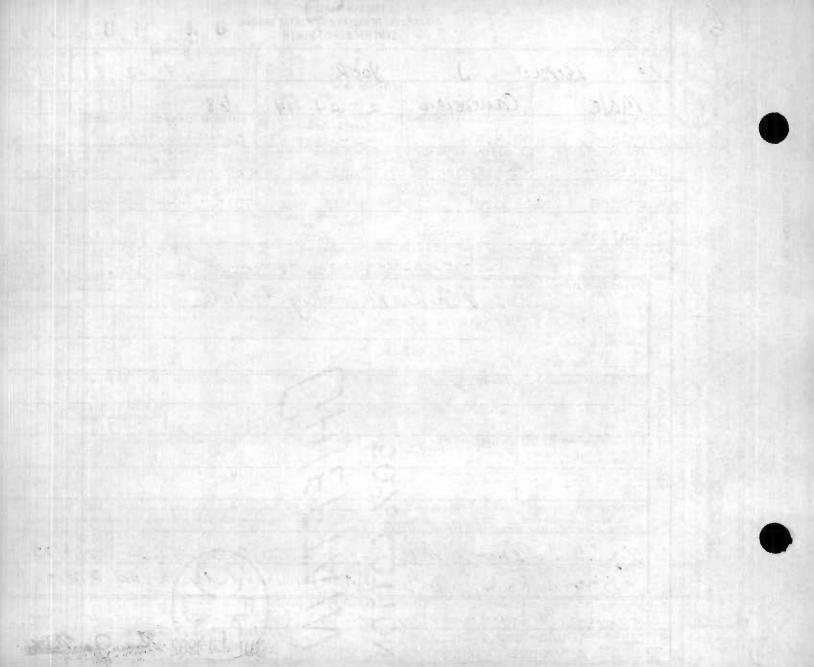


1		STATE REGISTRAR		PARTMENT OF HE CERTIFI	CATE OF DEATH	8 A REG. N	18	291
		CEASED NAME FIRST	MIDDLE		21447	20 DATE OF DEATH		YEAR 26 HOUR 830P
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35	7a BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED		9 BALTIMORE CITY C	R COUNTY OF D	EATH
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00	Un	ATHER'S NAME FIRST IKNOWN		AST	5. MOTHER'S MAIDEN NA FIRST Unknown	MIDDLE		LAST
medico		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)		Rev. Ella	Alston 262		y Ave. 21
		cause (o), stating the	DUFTO OR AS A CON	SEQUENCE OF -			100	
	ICATION	underlying cause lost.	DUE TO, OR AS A COLOR IC) TO CONDITIONS CONTRIBUTION 196 CONDITION FOR Y	ROMIC K		·	20b. IF YES, WER	E FINDINGS USED
Secretary injury, or other	CERTIFICATION	underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION 196 CONDITION FOR TO THE CONTRIBUTION FOR TO THE CONDITION FOR TO THE CONTRIBUTION FOR THE CONTRIBUTIO	ROMIC KI	OT RELATED TO THE TERM	200 AUTOPSY? YES NO Q	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO
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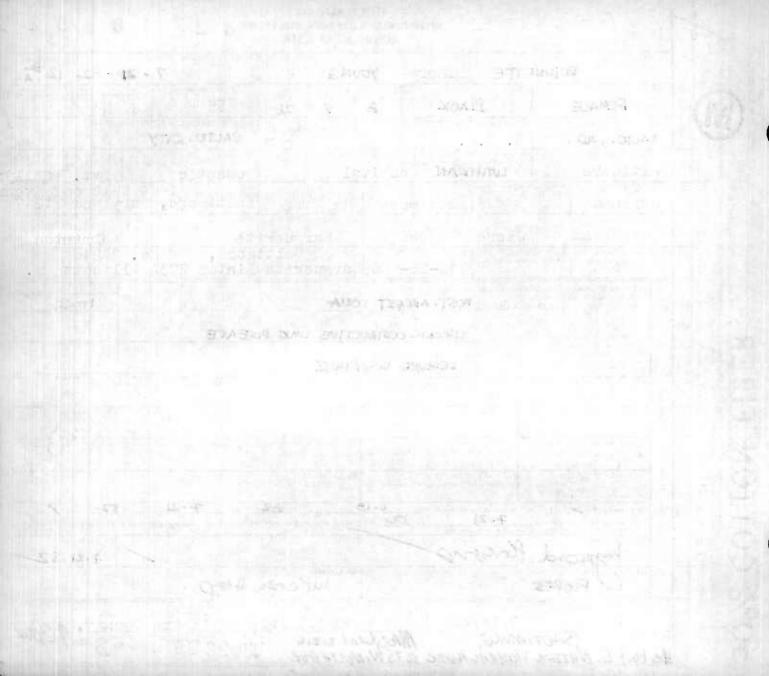
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6		- STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
m.e		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
poge 3	4	LEOPO	LO J.	YOOR	7	12 82 11:15 PM
E A B	3. SE	X	1 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	
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P of		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		COUNTY OF DEATH
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of the form	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATIO	DN 126 KIND OF BUSINESS OR
by the	Ba	ltimore	Baltimore C	ity Hospital	(TYPE OF WORK FOR MOST OF Carpenter	
e i			OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		Beth.Steel
Filled		ryland Bal	ltimore 136. City or to	YES NO 1	13e. STREET ADDRESS	- Charact
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ined by the at please removerial, cremoti y, or other tro		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	DUENCE OF	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(o)
theen significant then the prior to bu	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED		20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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certificate priol-transi tental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. {IF EITHER, NOTIFY MEDICAL EXAMINE		DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
e os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
S. Af		22a I certify that (I) (this has	pital) attended the deceased from	n, 19	, to	, 19, that (I) (we) lost
for of H		sow the deceased alive a	not) view the body ofter death.	, and that in (my) (our) opinion	death occurred on the dot	e and hour and from the causes stated
hed hed ten		226. SIGNATURE	or view the body offer death.	DEGREE		22c. DATE SIGNED
AL D etoc te D f: If I		1 Steering	1 louves or	ATTENDING PHYSICIAN [MEDICAL STAFF	7/12/83
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5 5 4 3 8 4 4 5 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
3P		Burial	7/17/1982	Bel Air Mem. Gdns	Bel Air	Harford MD.
H- 16 50M 7/77			-Ruck, Incaponess	250. DA	TE REC'D. BY REGISTRAR 2	Sh. BOOKSTRAR'S SIGNATURE
(VR A 15 (4))	170	222 Wise Ave	nue Dundalk	MD 21222	1111 14 1982	MI WHILL THE MENT CONTRACTOR



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1 84	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	8 3 0 1
	1. DECEASED NAME FIRS	3)DQIM T	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ъ. ф.	Ralp	h Raymond	Young	July	19 1982 м
OF ASSESSED	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR HUNDER 24 HRS
4 (報刊)	Male	White	Nov. 2 1932	49 v	MONTHS DAYS HOURS MIN
2	BIRTHPLACE (STATE OR FORE)CH COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COL	
to to	Pennsylvania	U.S.A.	WIDOWED DIVORCED		re City MD.
1 1	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	17b. KIND OF BUSINESS OR
5 H W	Baltimore	511 S. Registe		Laborer	NG LIFE) INDUSTRY
212	JSUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e. STREET ADDRESS	
ND 24	Maryland	Baltimo		511 S. Regis	ter St.
rither 2	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
MAR ondle	Hoarce	Young			Jacoby
MORE, n ond co Pages 1	160 WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
De exe			1873 Yvonne Youn	g 511 S. Regist	er St.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician. Iter this certificate has been signed by the attending physician and complete littled in as the burnel-transit permit. Then please remove corbon papers. Pages I and 2 thrill the hand Mental Hygiene prior to burnol, cremation, or remayor. In and Mental Hygiene prior to burnol, cremation, or remayor.	Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse last	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) (c)	is of liner t	MINAL DISEASE OR CONDITION	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH GIVEN IN PART 1(a)
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PITAL OR A by the has by the has be detached State Depth ANT: If them	226. PHYSICIAN'S NAME (· Leperto		MEDICAL STAFF DIRECTOR PHYSICIAN	7/20/82
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203BP	Burial 24 FUNERAL DIRECTOR	July 23 1982 V	eterans Cometery		e ArundeMaryland
DHMH - 16 60M 7/73 (VR A 15 (4))	NAME	Inc. 1901 Easter		TE REC'D. BY REGISTRAR 256 REC	STRAK'S SIGNATURE
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Mc ully Funeral Home 130 Fort Ave.

- STATE

LTYPE OR PRINTI

(SPECIFY)

24 FUNERAL DIRECTOR

1. DECEASED NAME

REGISTRAR

BERNARD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

CERTIFICATE OF DEATH

Mt. Olivet

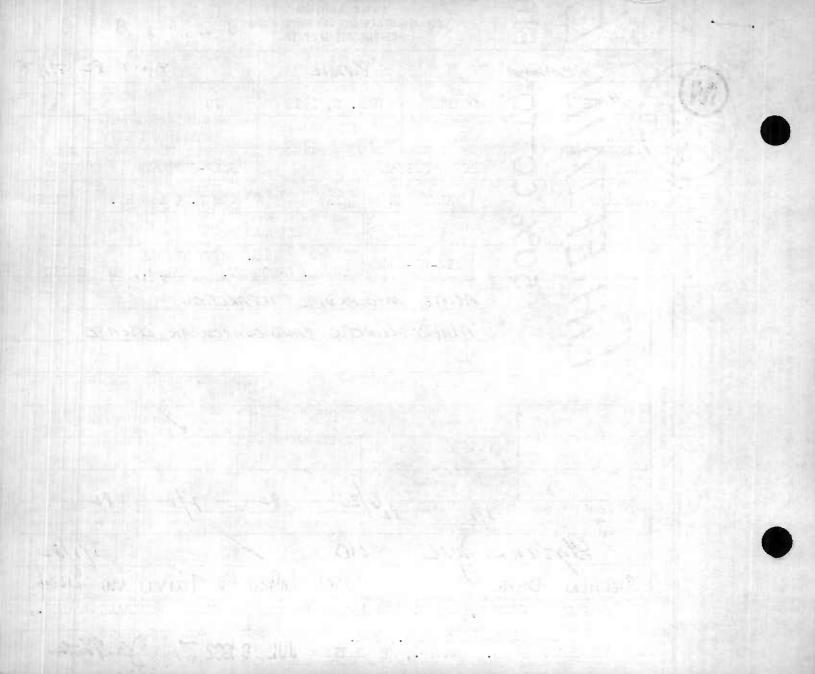
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REG. NO 20. DATE OF DEATH 7-25.82 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore (ity 126. KIND OF BUSINESS OR Retowner Stationary harles Plaza Brooks ADDRESS (harles Plaza APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY CITY OR TOWN STATE and that in they) (aur) apinion death occurred an the date and hour and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

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			CEASED NAME 1 1 Zabe	eth , 1 %	rimn) _ ZE	ITSCHEL.	20 DATE OF DEATH	MONTH DAY YEAR 76 H	OUR
			E/120	beth	Le;	Tschel	7+	21-82 11	59PM
(M)		3 SE	Female	Cau	M/	Aug. 49, 190	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNIT MONTHS DATS HOUR YRS	DER 24 HRS S MIN.
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ts after o	3	10 C	Baltimore		SPITAL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON 126. KIND OF BUS	INESS OR
nn 24 hou ly filled in shauld be i	Sal be	130. S		ROTHER INSTITUTION GIV NTY 131 B.	e residence before admission. CITY OR TOWN POOKLYN P	YES NO XX	13e. STREET ADDRES	Hammonds Lane	3.
completely	examine (14 FA	THER'S NAME FIRST HAVES	MIDDLE	Ford	E11a	WE	(unknown	1)
oe execut	Z medicol	160 V	ES NO OR I (IF YES G	VE WIND ORD ATTEN	SOCIAL SECURITY NO 214/22/57			ss same as 13 tschel (husba	and)
es that the death certificate led by the attending physici please remave carbon paper rial, cremation, ar remaval.	r ather traumatic event, th		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS 4275 Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A			rjest	APPROXIMATE IN BETWEEN ONSET A	TERVAL NO DEATH
sign ben to bu	r injury, ar	NOIL	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	ributing to death b	UT NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN IN PART 110	
in: The law re hysician. Icate has been ransit permit. I	shaws and	CERTIFICATION	19a date of operation	196 CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES \(\sum \) NO	ATH?
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TAL OR y the hore definitions bear the period and t	11		muchas	B. 76	stor ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIANTS 7-22	-82
O HOSPI	MPORTAL		Michael	B. Ne.	stor	3661 S.	Hanover	St. Balt, M	D.
BP		(urial, Cremation, removal SPECBULIAL	26 July	y 82 36 NAME O	n Haven Mem			s1MD
DHMH - 16 50M 1/ (VRA 15, 4)	81	24 FL	ingleton Fur	neral Ho	me, Glen	Burnie,MD	27 1982	School San Part	ien

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>		REGISTRAR		EXAMINER'S	CERTIFICATE O	F DERTH - REG. N		0	9
1		CEASED NAME FIRST	WIDDIE		LAST	20. DATE KNOWN X	HINOM	DAY YEAR	26 HOUR
		Felix		Ze	elichowski	DEATH MATED	7	2219 82	M
3	. SEX	4. RACE 5.	DATE OF BIRTH		INDER I YR. IF UNDER	24 HRS. 2c DATE MIN PRONOUNCED	MONTH	DAY YEAR	2d HOUR
V	m	ALE WHITE	2 25 1917	6.5 YRS.	DATS HOURS	DEAD	7	22 19 82	5:08A
Ŧ	FO	THPLACE (STATE OR /I	CITIZEN OF WHAT COU	NTRY? 8 MAR	RIED M NEVER MARRI	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Ψ	m	PRYLAND	11,5,4.	WIDO	F-73		city.		MD.
ľ	10 CI	Y OR TOWN OF DEATH	NAME OF HOSPITAL, N		HER INSTITUTION	120 USUAL OCCUPATION ITY	E OF WORK 12	OR INDUST	
		Baitimore		wood Avenue	9	RETIRED		0111110001	
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Ī	14. FA	THER'S NAME	ANDDLE	IA ST	15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
0	1-	RANK ZELI	CHOWSK	1	SOPHI		WSKI		
T	160. W	AS DECEASED EVER IN U.S. ARME S.NO. ORUNKNOWN) (IF YES, GIVE WAI		CIAL SECURITY NO.	17. INFORMANT	ADDRESS	5		
		NO	215	05 9439	HNNAKE	LICHOWSKI	5	4me	
Î		18 CAUSE OF DEATH (Enter only o	ine couse per line for (a), (b), and (c).)				APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
ŀ		PARTIDEATH WAS CAUSED B	Y: CAUSE (a) Arteri	osclerotic	cardiovascu	ular disease		derivetive	ALO OTALL
ı		4292	DUE TO, OR AS A CO						
1		Canditions, if ony, which gove rise to immediate	(b)						
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1		lying couse lost.	(c)						
1		PART 2 OTHER SIGNIFICANT CONDITIONS CON		LATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAI	RT 1 (a).			
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	CA	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY	
Į.	RTIF							YES 🗌	NOX
1		210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2	2)	
I	MEDICAL	CONTRIBUTING CAUSE OF DEA		19					
1	MED	WHILE NOT WHILE	21e PLACE OF INJUR STREET, FACTORY, FARM,		OCATION STREET	CITY OR TOWN	COUNT	IY	STATE
		AT WORK AT WORK							
		220. I certify that I took charge of	the remains described ob	oove, held-pn Auto	psy . Inspection	n . Inquiry . ar	nd in my apini	an	i D
1			causes X Acciden		, Homicide	Undetermined monner .	,		
		(11	1) 4	Ch	TITLE (SPECIFY)				
		ACTUAL SIGNATURE	pour ly	way.		h i Afdical ExaminER	DATE SIGNED.	7/22	/82
									-
		EXAMINER'S NAME Tho	mas D. Smith	, M.D.	ADDRESS 111	Penn St. Balto	., MD.		B
1	230.00	RIAL, CREMATION, REMOVAL 236	DATE 23c	NAME OF CEMETERY	OR CREMATORY	23d ACATION	COUNTY	A 4 41	ATE
1	K	URIAL /	26/182/1	OLY KOSAK	24 CEM.	RALTIMOR	E	MO	-
+	74 FL	INERAL DIRECTOR	ADDRASS A	actiest	(250. DATE R	REC'D BY REGISTRAR 256 REC	STRAR'S SIG	NATURE _	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
DECEASED NAME FIRST (TYPE OR PRINT) HOWAT	rd Leo	ZIMMERMAN	July 21 1982 25:204
3. SEX Male	4 RACE White	5. DATE OF BIRTH MONTH 11 10 1922	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HR. 3 58 YRS
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY Virginia	76 CITIZEN OF WHAT COUL USA	NTRY? 8 MARRIED TO NEVER MARRIED WIDOWED DIVORCED	Baltimore City
Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE MICLOWN	JURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS! HOME, Inc.	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OF TYPE OF WINDOW Cleane.
USUAL RESIDENCE (IF MURSING HOLD OF STATE Va.		E BEFORE ADMISSION) R TOWN PS DOTO 13d INSIDE CITY LIMIT YES NO []	
14 FATHER'S NAME FIRST John	H. Zimmerm	is MOTHER'S MAIDER	
	IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT 6-4472 Mrs. Ruth 2	ADDRESS A. Zimmerman same
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220.1 certify that (1) (this hosp saw the deceased olive or above, (1) (we) (did) (did no 22b. SIGNATURE		, and that in (my) (aur) apa DEGREE	inion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED AMEDICAL STAFF DIRECTOR PHYSICIAN 2
22d. PHYSICIAN'S NAME TYPE OF THE PROPERTY OF	REING LE 1216 DATE	2 Mp 22e ADDRESS 1406 231. NAME OF CEMETERY OR CREMATO	5 Cran Hiplury So sule 102
Burial	July 23,1982		Waunesboro Va.

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURE

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Remark of my AM 3 90 21 COLUMNIA MASONY	

. 7	1	STATE REGISTRAR		ERTIFICATE OF DEATH	8 ZREG. NO.	8308
teo# 3		CEASED NAME FIRST JAC	0B	ZOFFIN	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 9.1-2
(An)	3 SE	× M ALE	A. RACE WHITE 5	DATE OF BIRTH MONTH DAY YEAR 7 15 1897	6 AGE (IN YEARS LAST BIRTH(AY)	IF UNDER LYEAR IF UNDER 24 MIS.
12/2		IRTHPLACE (STATE OR FOREIGN COUNTRY) GERMANY	1 describer 1	married \(\text{Never married } \(\text{VIDOWED } \)	Baltimore City or Coun	noce Citymo
100		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PAINTER	176. KIND OF BUSINESS OR INDUSTRY DECORATION
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y the ho RAL DIRE detochec tote Dept tote Dept		226. SIGNATURE	1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	- 17/20/8
TO FUNERA Should be de with the Stot		228. PHYSICIAN'S NAME TIMPE	OOR	SIAA I	1+OJP17A	-('
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		AE OF CEMETERY OR CREMATORY TIMORE HEBREW	BALT-IMORE	COUNTY MARYLAND
AH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS.,	INC. 250. DA	TE REC'D. BY REGISTRAR 256 REG	ISTROS STONAGORE

DEPARTMENT OF HEALTH AND MENTAL TYCIENE

